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ABSTRACT

This document presents the technical appendices and selected data tables from the 2001 National Household Survey on Drug Abuse. Included are a description of the survey; statistical methods and limitations of the data; effects of changes in survey protocol on trend measurement; key definitions for the 1999-2001 survey years; and other sources of data. Appendixes contain references, sample size and population tables, and selected prevalence tables. (Contains 110 references, 54 figures, and 121 tables.) (GCP)

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National Household Survey on Drug Abuse Series: H-17

Results From the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings

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The Office of Applied Studies (OAS) serves as a focal point for data collection, analyses, and dissemination activities on the incidence and prevalence of substance abuse, the distribution and characteristics of substance abuse treatment facilities and services, and the costs and outcomes of substance abuse treatment programs. Both National and State-by-State data are available. Three major surveys provide information used by OAS:

- **National Household Survey on Drug Abuse (NHSDA).** The NHSDA provides information on the prevalence of substance use in the population, and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, patterns of use, treatment, perceptions of risk, criminal behavior, and mental health. Since 1999, the NHSDA sample has been designed to provide State-level estimates, based on 70,000 respondents per year.
- **Drug Abuse Warning Network (DAWN).** The DAWN obtains information on drug-related admissions to emergency departments and drug-related deaths identified by medical examiners.
- **Drug and Alcohol Services Information System (DASIS).** The DASIS consists of three data sets (I-SATS, N-SSATS, and TEDS) developed with State governments. These data collection efforts provide National and State-level information on the substance abuse treatment system.

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Substance Abuse and Mental Health Services Administration
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Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Highlights

This report provides the first release of information from the 2001 National Household Survey on Drug Abuse (NHSDA). This survey is a project of the Substance Abuse and Mental Health Services Administration (SAMHSA). Initiated in 1971, the NHSDA has become the primary source of information on the use of illicit drugs, alcohol, and tobacco by the civilian, noninstitutionalized population in the United States. The NHSDA interviews approximately 70,000 people age 12 years or older, in every State, over a 12-month period. Because of the size of the survey, it is possible to make relatively precise estimates of many variables of major interest. In addition to extensive questions about the use of substances, the 2001 version of the survey included questions on mental health status and treatment. This initial report presents only national estimates; State estimates will be presented in future reports.

Illicit Drug Use

- In 2001, an estimated 15.9 million Americans age 12 years or older used an illicit drug during the month immediately prior to the survey interview. These people are identified as current drug users. This estimate represents 7.1 percent of the population 12 years or older. By comparison, in 2000 the survey found that 6.3 percent of this population were current users of illicit drugs. The survey also found statistically significant increases between 2000 and 2001 in the use of particular drugs or groups of illicit drugs, such as marijuana (from 4.8 to 5.4 percent) and cocaine (0.5 to 0.7 percent), and the nonmedical use of pain relievers (1.2 to 1.6 percent) and tranquilizers (0.4 to 0.6 percent).

- When the population is examined by age groups, the 2001 survey disclosed that 10.8 percent of youths 12 to 17 were current drug users compared with 9.7 percent in 2000. Similarly, among adults age 18 to 25 years, current drug use increased between 2000 and 2001 from 15.9 to 18.8 percent. There were no statistically significant changes in the rates of drug use among adults age 26 or older.

- The patterns of current use among major racial/ethnic groups in 2001 were similar to previous years. The rate among blacks was 7.4 percent, whites 7.2 percent, and Hispanics 6.4 percent. Current use was highest among American Indians and Alaska Natives (9.9 percent) and lowest among Asians (2.8 percent). The rate among persons reporting more than one race was 12.6 percent. These estimates obscure the considerable variation among Asian and Hispanic subgroups. These variations are described in the report.

- The rate of illicit drug use in metropolitan counties was higher than the rate in nonmetropolitan counties. Current drug use rates were 7.6 percent in large metropolitan counties, 7.1 percent in small metropolitan counties, 5.8 percent in nonmetropolitan counties, and 4.8 percent in completely rural, nonmetropolitan counties.

- The NHSDA also provides estimates of use of drugs of particular interest. The number of persons reporting they had ever tried Ecstasy (MDMA) increased from 6.5 million in 2000 to 8.1 million in 2001. The number of current users in 2001 was 786,000. The number of persons reporting use of Oxycontin for nonmedical purposes at least once in their lifetime increased fourfold from 1999 to 2001. The estimates were 221,000 in 1999; 399,000 in 2000; and 957,000 in 2001.

- Adults who used illicit drugs were twice as likely to have serious mental illness (SMI) as adults who did not use an illicit drug. Among adults who used an illicit drug in the past year, 16.6 percent had SMI during that period, while among adults who did not use an illicit drug the rate of SMI was 6.1 percent.

Alcohol Use

- The rate of alcohol use and the number of drinkers increased between 2000 and 2001. Almost half of all Americans age 12 or older, 48.3 percent or 109 million persons, were current drinkers in the 2001 survey. This estimate was roughly 5.0 million higher than 2000 when 46.6 percent of those 12 years or older reported current alcohol use. Comparing 2000 and 2001, no significant changes were found in heavy or binge drinking.

- About 10.1 million persons age 12 to 20 years reported current use of alcohol in 2001. This number represents 28.5 percent of this age group for whom alcohol is an illicit substance. Of this number, nearly 6.8 million or 19.0 percent were binge drinkers and 2.1 million or 6.0 percent were heavy drinkers.

- In 2001, more than 1 in 10 Americans or 25.1 million persons reported driving under the influence of alcohol at least once in the 12 months prior to the interview. The rate of driving under the influence of alcohol increased from 10.0 to 11.1 percent between 2000 and 2001. Among young adults age 18 to 25 years, 22.8 percent drove under the influence of alcohol.

Tobacco Use

- An estimated 66.5 million Americans 12 years or older reported current use of a tobacco product in 2001. This number represents 29.5 percent of the population. Of this number, 56.3 million smoked cigarettes, 12.1 million smoked cigars, 7.3 million used smokeless tobacco, and 2.3 million used pipes. Except for cigar use, which increased from 4.8 to 5.4 percent, there was no significant change.

- There were no significant changes in rates of the different forms of tobacco products among youths age 12 to 17 between 2000 and 2001. However, the rate of youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend observed between 1999 and 2000. Rates were 14.9 percent in 1999, 13.4 percent in 2000, and 13.0 percent in 2001.

Trends in Initiation of Substance Use (Incidence)

Because of the way trends in the new use of substances are estimated, estimates of first-time use are always a year behind estimates of current use.

- An estimated 2.4 million Americans used marijuana for the first time in 2000. The annual number of new marijuana users has varied considerably since 1965 when there were an estimated 0.6 million new users. The number of new marijuana users reached a peak in 1976 and 1977 at around 3.2 million. Between 1990 and 1996, the estimated number of new users increased from 1.4 million to 2.5 million and has remained at this level.

- In 2000, an estimated 1.9 million persons used Ecstasy (MDMA) for the first time compared with 0.7 million in 1998. This change represents a tripling in incidence in just 2 years. The annual number of new users of pain relievers nonmedically has also been increasing since the mid-1980s when there were roughly 400,000 initiates. In 2000, there were an estimated 2.0 million.

- Initiates of daily smoking increased from 1.4 million per year during the late 1980s to 1.9 million in 1997 and decreased back to 1.4 million in 2000. The annual number of new daily smokers age 12 to 17 decreased from 1.1 million in 1997 to 747,000 in 2000. This translates into a reduction from 3,000 to 2,000 in the number of new youth smokers per day.

Prevention-Related Measures

- The percentage of persons age 12 or older who indicated there was a great risk of smoking one or more packs of cigarettes per day rose from 69.3 percent in 2000 to 71.0 percent in 2001. Perceived great risk of smoking marijuana once or twice a week decreased from 56.4 percent in 2000 to 53.3 percent in 2001.

- Among youths age 12 to 17, the percentage reporting great risk in cigarette use did not change between 2000 (64.1 percent) and 2001 (63.6 percent), but the percentage reporting great risk in marijuana use declined from 56.0 to 53.5 percent.

- In 2001, 82.8 percent of youths age 12 to 17 reported having seen or heard alcohol or drug prevention messages outside of school in the past year. This represents a slightly larger percentage than in 2000 (81.9 percent).

Substance Dependence or Abuse

The NHSDA includes a series of questions designed to measure substance dependence and abuse based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). These measures reflect more serious problems resulting from use of substances.

- Overall, an estimated 16.6 million persons age 12 or older were classified with dependence on or abuse of either alcohol or illicit drugs in 2001 (7.3 percent of the population). Of these, 2.4 million were classified with dependence or abuse of both alcohol and illicit drugs, 3.2 million were dependent or abused illicit drugs but not alcohol, and 11.0 million were dependent on or abused alcohol but not illicit drugs.

- The number of persons with substance dependence or abuse increased from 14.5 million (6.5 percent of the population) in 2000 to 16.6 million (7.3 percent) in 2001.

Treatment for Substance Abuse Problems

- In the 12 months preceding the NHSDA interview in 2001, an estimated 3.1 million persons age 12 or older (1.4 percent of the population) received some kind of treatment for a problem related to the use of alcohol or illicit drugs. Of this number, 1.6 million received treatment at a self-help group.

- Between 2000 and 2001, there was a significant increase in the estimated number of persons age 12 or older needing treatment for an illicit drug problem. This number increased from 4.7 million in 2000 to 6.1 million in 2001. During the same period, there was also an increase from 0.8 million to 1.1 million in the number of persons receiving treatment for this problem at a specialty facility. However, overall the number of persons needing but not receiving treatment increased from 3.9 million to 5.0 million.

- Of the 5.0 million people who needed but did not receive treatment in 2001, an estimated 377,000 reported that they felt they needed treatment for their drug problem. This includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

Serious Mental Illness among Adults and Mental Health Treatment

The 2001 survey included questions for adults that measure serious mental illness (SMI), defined as having a diagnosable mental, behavioral, or emotional disorder and functional impairment that interferes with major life activities. Both youths and adults were asked questions about mental health treatment in the past 12 months. For youths, treatment is defined as receiving treatment or counseling for problems with behaviors or emotions from mental health or other health professionals in school, home, outpatient, or inpatient settings. For adults, treatment is treatment or counseling for any problem with emotions, nerves, or mental health, including the use of prescription medication. Treatment for only a substance abuse problem is not included.

- In 2001, there were an estimated 14.8 million adults age 18 or older with SMI. This represents 7.3 percent of all adults. Of this group with SMI, 6.9 million received mental health treatment in the 12 months prior to the interview.

- Among adults with SMI in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs; the rate among adults without SMI was 6.3 percent. An estimated 3.0 million adults had both SMI and substance abuse or dependence problems during the year.

- The rates of SMI decreased with age; that is, 11.7 percent of persons 18 to 25; 7.9 percent of persons 26 to 49, and 4.9 percent of persons age 50 or older had an SMI in 2001. The likelihood of receiving treatment among those with SMI was just the opposite, increasing with age from 32.7 percent for those 18 to 25 to 53.3 percent for persons 50 years or older.

- SMI rates for women were higher than for men in all age groups. Females with SMI were more likely to have received mental health treatment in the past year (51.7 vs. 38.4 percent).

- The rate of SMI was highest among American Indians and Alaska Natives (14.4 percent) and lowest among Asians (4.4 percent).

- In 2001, an estimated 4.3 million youths age 12 to 17 received treatment or counseling for emotional or behavioral problems in the 12 months prior to the interview. This represents 18.4 percent of this population and is significantly higher than the 14.6 estimate for 2000.

- The reason cited most often by youths for the latest mental health treatment session was "felt depressed" (44.9 percent of youths receiving treatment), followed by "breaking rules or acting out" (22.4 percent), and "thought about or tried suicide" (16.6 percent).

- Females age 12 to 17 years were slightly more likely than males to have received mental health treatment or counseling in 2001 (19.7 vs. 17.0 percent).

- The rate of mental health treatment was higher among youths who used illicit drugs in the past year than among youths who did not use illicit drugs (26.2 vs. 16.3 percent).

1. Introduction

This report presents information from the 2001 National Household Survey on Drug Abuse (NHSDA) on rates of use, numbers of users, and other measures related to illicit drugs, alcohol, cigarettes, and other forms of tobacco. New measures related to mental health problems also are included. The NHSDA is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older. This initial report on the 2001 data presents only national estimates. State-level estimates from the NHSDA, based on a complex small area estimation (SAE) method, will be presented in other reports to be released separately.

1.1 Summary of NHSDA

The NHSDA is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and data collection is carried out by RTI of Research Triangle Park, North Carolina. The project is planned and managed by SAMHSA's Office of Applied Studies (OAS). This section briefly describes the survey methodology. A more complete description is provided in Appendix A, which is contained in Volume II with other supplementary technical appendices.

The NHSDA collects information from residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless persons who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals. Appendix E describes surveys that cover populations outside the NHSDA sampling frame.

Beginning in 1999, the NHSDA interview has been carried out using a computer-assisted interviewing (CAI) methodology. The survey uses a combination of computer-assisted personal interviewing (CAPI) conducted by the interviewer and audio computer-assisted self-interviewing (ACASI). For the most part, questions previously administered by the interviewer are now administered by the interviewer using CAPI. Questions previously administered using answer sheets are now administered using ACASI. Use of ACASI is designed to provide the respondent with a highly private and confidential means of responding to questions and to increase the level of honest reporting of illicit drug use and other sensitive behaviors.

Consistent with the 2000 NHSDA, the 2001 NHSDA sample employed a 50-State design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia. The eight States with the largest population (which together account for 48 percent of the total U.S. population aged 12 or older) were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). For these States, the design provided a sample large enough to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using SAE techniques. The design also oversampled youths and young adults, so that each State's sample was approximately equally distributed among three major age groups: 12 to 17 years, 18 to 25 years, and 26 years or older. To enhance the precision of trend measurement, half of the first-stage sampling units (area segments) in the 2000 sample were also in the 2001 sample. However, all of the households included in the 2001 sample were new.

Nationally, 157,471 addresses were screened for the 2001 survey, and 68,929 persons were interviewed within the screened addresses. The survey was conducted from January through December 2001. Weighted response rates for household screening and for interviewing were 91.9 and 73.3 percent, respectively. See Appendix B in Volume II for more information on NHSDA response rates.

1.2 Format of Report and Explanation of Tables

The results from the 2001 NHSDA are given in three separate volumes. This report, Volume I, has separate chapters that summarize the findings on eight topics: use of illicit drugs; use of alcohol; use of tobacco products; initiation of substance use; prevention-related issues; substance dependence, abuse, and treatment; and mental health. A final chapter summarizes the results and discusses key findings in relation to other research and survey results. Supplementary technical appendices in Volume II describe the survey, provide technical details on the survey methodology, offer key NHSDA definitions, discuss other sources of data, list the references cited in the report, and present selected tabulations of estimates. In addition to the tables included in Volume II (Appendices G and H), a more extensive set of tables, including standard errors, has been prepared as Volume III and is available upon request. These tables are available through the Internet.

Tables and text present prevalence measures for the population in terms of both the number of substance users and the rate of substance use for illicit drugs, alcohol, and tobacco products. Tables show estimates of drug use prevalence in the lifetime (i.e., ever used), past year, and past month. The analysis focuses primarily on past month use, which is also referred to as "current use." Most tables present estimates for 2000 and 2001, with an indication of the statistical significance of changes.

Data are presented for major racial/ethnic groups in several categorizations, based on the level of detail the sample will allow. Because respondents were allowed to choose more than one racial group, a "more than one race" category is presented that includes persons who reported more than one category among the seven basic groups listed in the survey question (white, black/African American, American Indian or Alaska Native, Native Hawaiian, other Pacific Islander, Asian, other). It should be noted that the category "white" shown in this report includes only non-Hispanic whites, the category "black" includes only non-Hispanic blacks, and the category "Hispanic" includes Hispanics of any race. Also, more detailed categories were obtained in the survey for respondents who reported Asian race or Hispanic ethnicity.

Data are also presented for four U.S. geographic regions and nine geographic divisions within these regions. These regions and divisions consist of the following groups of States:

Northeast Region - *New England Division*: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; *Middle Atlantic Division*: New Jersey, New York, Pennsylvania.

Midwest Region - *East North Central Division*: Illinois, Indiana, Michigan, Ohio, Wisconsin; *West North Central Division*: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.

South Region - *South Atlantic Division*: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia; *East South Central Division*: Alabama, Kentucky, Mississippi, Tennessee; *West South Central Division*: Arkansas, Louisiana, Oklahoma, Texas.

West Region - *Mountain Division*: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming; *Pacific Division*: Alaska, California, Hawaii, Oregon, Washington.

Tables have been added to describe substance use based on population density. For this purpose, counties are grouped based on the "Rural-Urban Continuum Codes" developed by the U.S. Department of Agriculture (Butler & Beale, 1994). This variable differs from the "Population Density" measure presented in previous reports. Each county is either in a metropolitan statistical area (MSA) or outside an MSA, as defined by the Office of Management and Budget (OMB). For counties in New England, New England County Metropolitan Areas (NECMA) are used for defining codes. Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Nonmetropolitan areas are areas outside MSAs. For some tables, small metropolitan areas are further classified as having either fewer than or greater than 250,000 population. Counties in nonmetropolitan areas are classified based on the number of people in the county who live in an urbanized area, as defined by the Census Bureau at the subcounty level. "Urbanized" counties have 20,000 or more population in urbanized areas, "Less Urbanized" counties have at least 2,500 but fewer than 20,000 population in urbanized areas, and "Completely Rural" counties have fewer than 2,500 population in urbanized areas.

Other than presenting results by age group and other basic demographic characteristics, no attempt is made in this report to control for potentially confounding factors that might help explain the observed differences. This point is particularly salient with respect to race/ethnicity, which tends to be highly associated with socioeconomic characteristics. The cross-sectional nature of the data limits the capability to infer causal relationships. Nevertheless, the data presented in this report are useful for indicating demographic subgroups with relatively high (or low) rates of substance use, regardless of what the underlying reasons for those differences might be.

1.3 Trend Measurement

The large sample size in the NHSDA allows the detection of small changes over time in the prevalence of substance use overall and within specific subgroups. Stated another way, the small sampling errors sometimes result in statistical significance for small differences in prevalence rates from one year to the next. Although this makes the NHSDA a powerful tool for tracking trends, it also requires analysts to use caution when interpreting trend data. In particular, it is important to be aware of changes over time in the way the survey is conducted, the wording of survey questions, the way data are processed, and other factors that could impact the estimates produced by the survey.

Because of the importance of trend assessment, OAS and its contractor on the NHSDA project, RTI, have maintained consistency over time in the survey protocols as much as possible. However, changes in the data needs of policymakers and researchers often require questionnaire and sample changes. In addition, improvements in the methods used in the survey are sometimes implemented because of problems identified in the current methods or because better methods have been developed. Measurement of the impact of survey protocol changes on prevalence estimates is often possible, particularly if supplemental samples or questions are built in to the survey at the time of the change. However, this is not always feasible because of costs or because the effects of protocol changes were not anticipated. In this regard, some recent improvements in the survey design and management are worthy of mention. Most importantly, because of the major redesign of the sample and data collection method in 1999, estimates for 1999 and later (the primary focus of this report) are generally not comparable with estimates from 1998 and earlier NHSDAs. Second, during 2001 a new data collection quality control program and a small field experiment testing monetary incentives for respondents were implemented in the survey. The effect of these protocol changes on prevalence estimates was assessed and found to be small. Also in 2001, new questions on the use of Ecstasy were added to the survey, causing a small increase in the estimates for past month and past year hallucinogen use. Chapter 9 in this volume and Appendix C in Volume II discuss these issues in more detail.

1.4 Other NHSDA Reports

Additional methodological information on the NHSDA, including the questionnaire, is available electronically (http://www.DrugAbuseStatistics.samhsa.gov), as well as in OAS publications. Analytic reports focusing on specific issues or population groups also are produced by OAS. A few of the NHSDA reports in progress focus on the following topics:

- risk and protective factors for substance use,
- characteristics of adults using mental health services, and
- State estimates of substance use in 2000.

A complete listing of previously published reports from the NHSDA and other data sources is available from OAS. Most of these reports also are available through the Internet (http://www.DrugAbuseStatistics.samhsa.gov). In addition, OAS makes public use data files available to researchers through the Substance Abuse and Mental Health Data Archive (SAMHDA, 2002). Currently, files are available from the 1979 to 2000 NHSDAs at www.icpsr.umich.edu/samhda. The 2001 public use file will be available by the end of 2002.

2. Illicit Drug Use

The National Household Survey on Drug Abuse (NHSDA) obtains information on nine different categories of illicit drug use: marijuana, cocaine, heroin, hallucinogens, inhalants, and nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. In these categories, hashish is included with marijuana, and crack is considered a form of cocaine. Several drugs are grouped under the hallucinogens category, including LSD, PCP, peyote, mescaline, mushrooms, and "Ecstasy" (MDMA). Inhalants include a variety of substances, such as amyl nitrite, cleaning fluids, gasoline, paint, and glue. The four categories of prescription-type drugs (pain relievers, tranquilizers, stimulants, and sedatives) cover numerous drugs available through prescriptions and sometimes illegally "on the street." Methamphetamine is included under stimulants. Over-the-counter drugs and legitimate uses of drugs under a doctor's prescription are not included. Respondents are asked to report only uses of drugs that were not prescribed for them or they took only for the experience or feeling they caused. NHSDA reports combine the four prescription-type drug groups into a category referred to as "any psychotherapeutics."

Estimates of "any illicit drug use" reported from the NHSDA reflect use of any of the nine substance categories listed above. Use of alcohol and tobacco products, while illegal for youths, are not included in these estimates, but are discussed in Chapters 3 and 4. Findings from the 2001 NHSDA on illicit drug use are summarized below.

- In 2001, an estimated 15.9 million Americans aged 12 or older were current illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 7.1 percent of the population aged 12 years old or older.

- The percentage of the population using illicit drugs increased from 6.3 percent in 1999 and 2000 to 7.1 percent in 2001. Between 2000 and 2001, statistically significant increases were noted for the current use of marijuana (4.8 to 5.4 percent), cocaine (0.5 to 0.7 percent), pain relievers (1.2 to 1.6 percent), and tranquilizers (0.4 to 0.6 percent). A change in NHSDA questions on hallucinogens caused the estimated rate of use of this category of drugs to increase from 0.4 to 0.6 percent between 2000 and 2001 (Figure 2.1).

- Marijuana is the most commonly used illicit drug. In 2001, it was used by 76 percent of current illicit drug users. Approximately 56 percent of current illicit drug users consumed only marijuana, 20 percent used marijuana and another illicit drug, and the remaining 24 percent used an illicit drug but not marijuana in the past month. Therefore, about 44 percent of current illicit drug users in 2001 (7.0 million Americans) used illicit drugs other than marijuana and hashish, with or without using marijuana as well (Figure 2.2).

- Of the 7.0 million current users of illicit drugs other than marijuana, 4.8 million were current users of psychotherapeutic drugs. This represents 2.1 percent of the population aged 12 or older, which was higher than the rate observed in 2000 (1.7 percent). Of those who reported current use of any psychotherapeutics, 3.5 million used pain relievers, 1.4 million used tranquilizers, 1.0 million used stimulants, and 0.3 million used sedatives.

Figure 2.1 Past Month Illicit Drug Use among Persons Aged 12 or Older, by Drug: 1999, 2000, and 2001

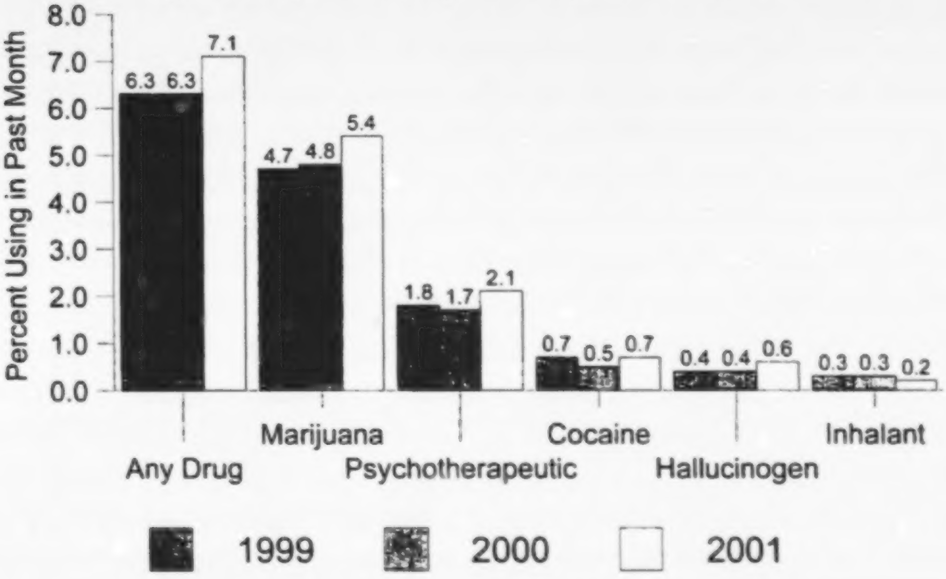
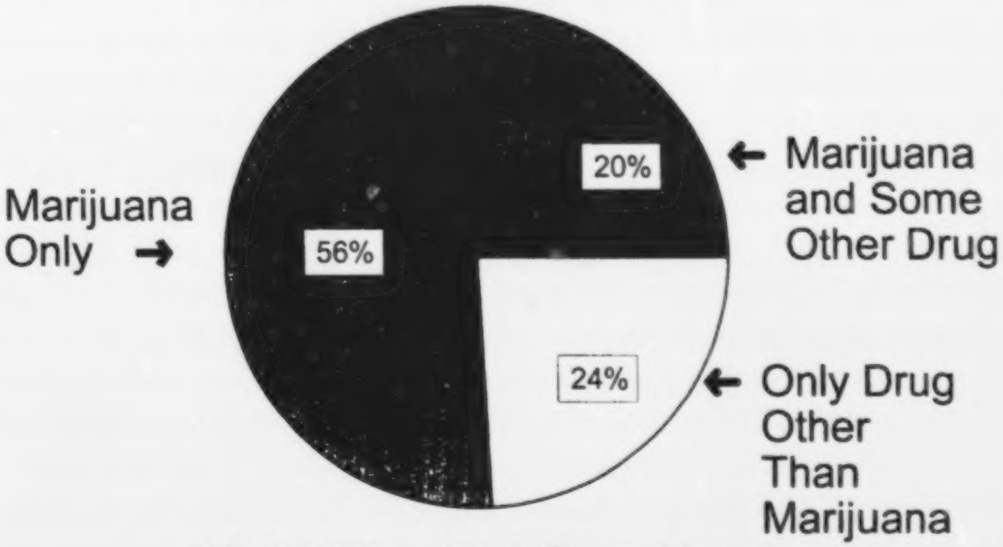


Figure 2.2 Types of Drugs Used by Past Month Illicit Drug Users Aged 12 or Older: 2001



15.9 Million Illicit Drug Users

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- In 2001, an estimated 1.7 million (0.7 percent) of Americans aged 12 or older were current cocaine users and 406,000 (0.2 percent) were current crack users.

- Approximately 1.3 million (0.6 percent) of the population aged 12 or older were current users of hallucinogens.

- In 2001, an estimated 8.1 million (3.6 percent) of Americans aged 12 or older had tried "Ecstasy" at least once in their lifetime. This is more than the estimated 6.5 million (2.9 percent) lifetime users in 2000. The number of current users in 2001 was estimated to be 786,000 (0.3 percent). The 2000 NHSDA was not designed to report past month or past year use of Ecstasy.

- In 2001, approximately 957,000 persons aged 12 or older had used Oxycontin nonmedically at least once in their lifetime. This number is higher than estimates from both 1999 (221,000) and 2000 (399,000). The NHSDA was not designed to report past month or past year use of Oxycontin.

- Current heroin use was reported by an estimated 123,000 Americans in 2001. This represents 0.1 percent of the population aged 12 or older and is similar to the number estimated for 2000 (130,000).

Age

- Rates and patterns of drug use show substantial variation by age. For example, 3.8 percent of youths aged 12 or 13 reported current illicit drug use in 2001 (Figure 2.3). As in other years, illicit drug use in 2001 tended to increase with age among young persons. It peaked among 18 to 20 year olds (22.4 percent) and declined steadily after that point with increasing age.

- Among youths aged 12 to 17, 10.8 percent were current illicit drug users. This was higher than the rate observed in 2000 (9.7 percent).

- Among youths aged 12 or 13, the rate of past month illicit drug use increased from 3.0 percent in 2000 to 3.8 percent in 2001, which was similar to the rate observed in 1999 (3.9 percent) (Figure 2.4).

- There were no changes between 2000 and 2001 in rates of past month use for any of the illicit drug categories for youths aged 14 or 15 (Figure 2.5).

- The rate of current any illicit drug use among youths aged 16 or 17 did not differ between 2000 and 2001. However, declines were noted in rates of current LSD (1.1 to 0.7 percent) and methamphetamine use (0.6 to 0.3 percent) between these 2 years (Figure 2.6).

Figure 2.3 Past Month Illicit Drug Use, by Age: 2001

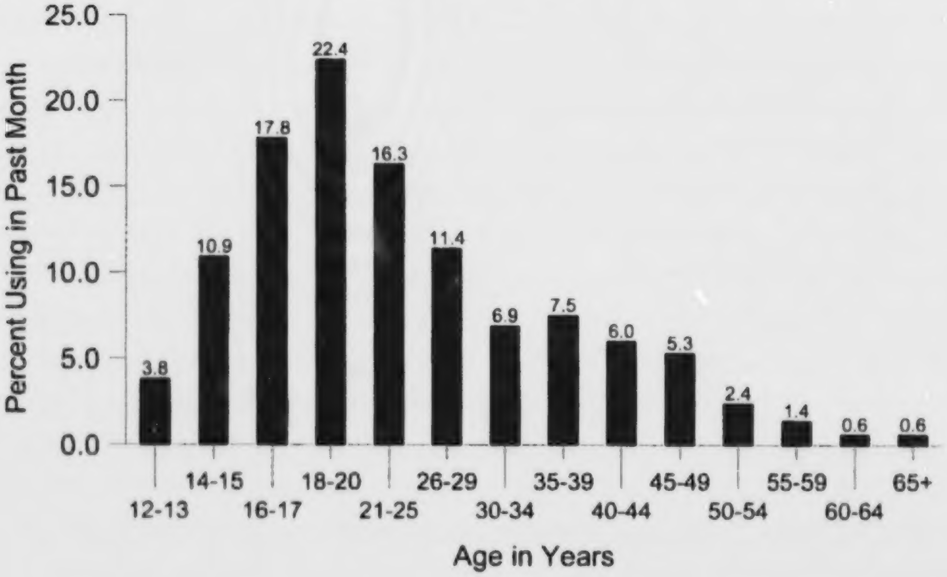

Figure 2.4 Past Month Illicit Drug Use among Youths Aged 12 or 13: 1999, 2000, and 2001

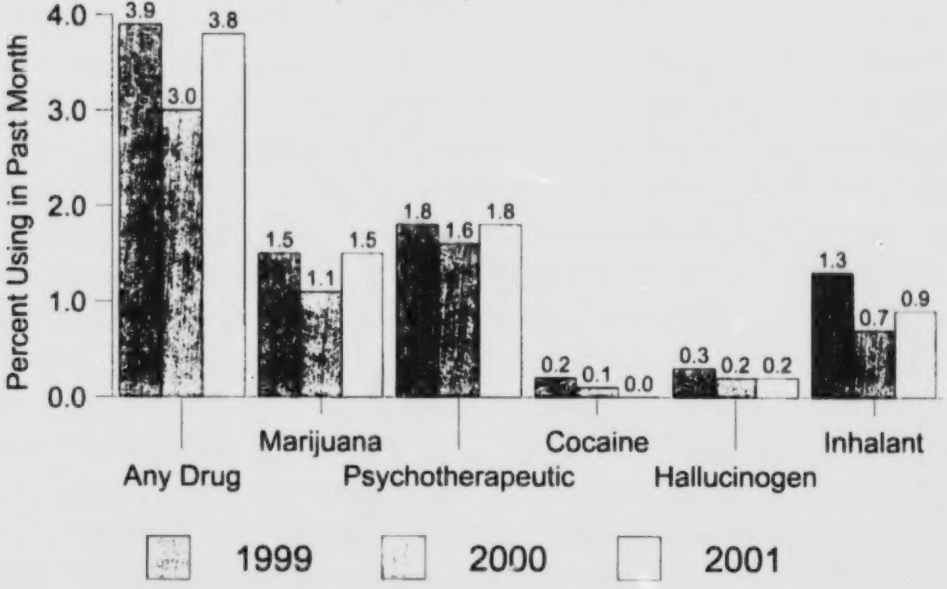

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Figure 2.5 Past Month Illicit Drug Use among Youths Aged 14 or 15: 1999, 2000, and 2001

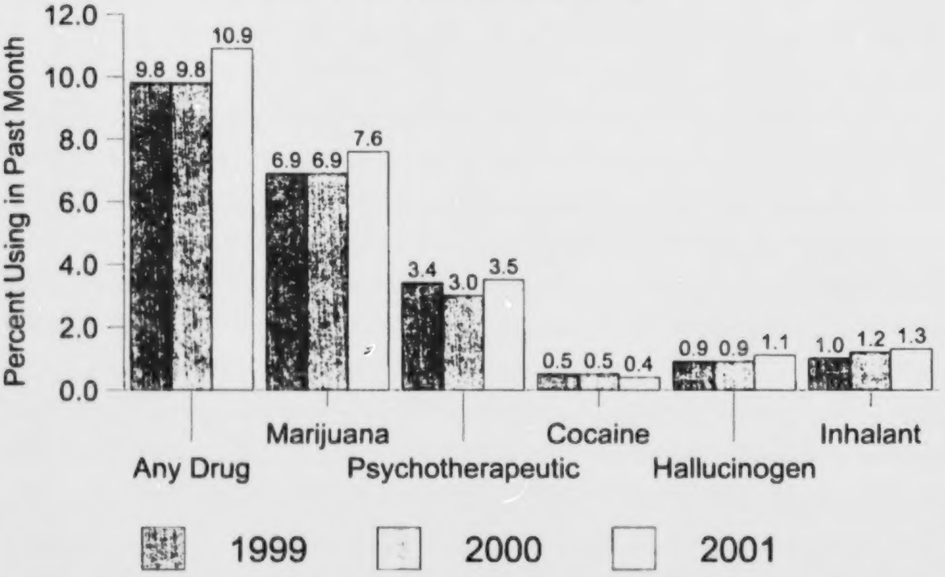
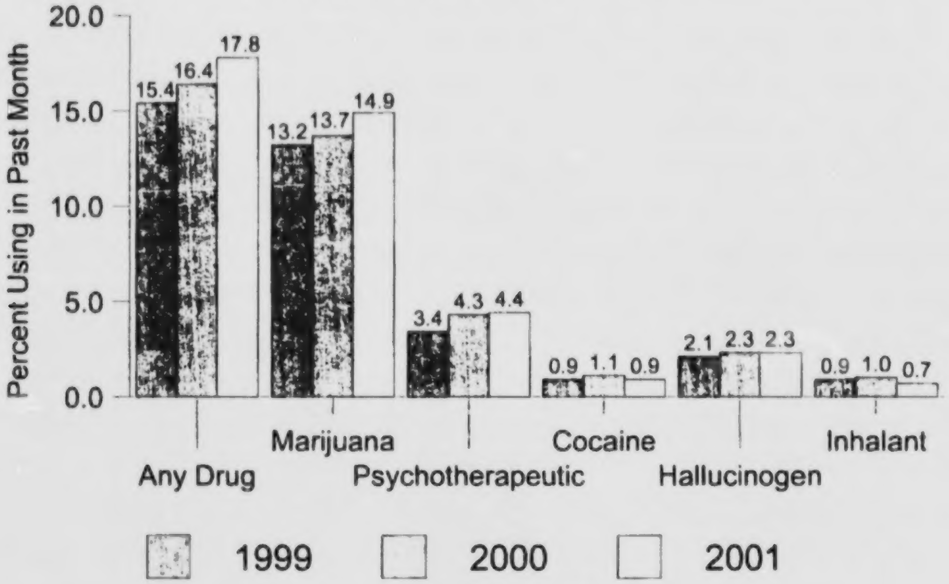


Figure 2.6 Past Month Illicit Drug Use among Youths Aged 16 or 17: 1999, 2000, and 2001



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- Among young adults aged 18 to 25 years, the rate of past month any illicit drug use increased between 2000 and 2001, rising from 15.9 to 18.8 percent. Increases were evident for current use of marijuana, cocaine, heroin, hallucinogens, pain relievers, tranquilizers, stimulants, and methamphetamine (Figure 2.7).

- There were no changes in rates of drug use among adults aged 26 or older between 2000 and 2001. The rate of current illicit drug use was 4.2 percent in 2000 and 4.5 percent in 2001 (Figure 2.8).

- Although rates of use of most drugs in 2001 were higher among youths and young adults compared with older adults, the age distribution of users varied considerably by type of drug. About half (51 percent) of current illicit drug users were aged 12 to 25. However, in 2001, 86 percent of hallucinogen users and 76 percent of inhalant users were aged 12 to 25. Conversely, only 40 percent of cocaine users and 45 percent of nonmedical psychotherapeutics users were aged 12 to 25.

- In 2001, approximately 2.0 million (8.6 percent) youths aged 12 to 17 had used inhalants at some time in their lives. Although there were no observed differences in rates of inhalant use between 2000 and 2001 among youths, the proportion of persons aged 26 or older reporting inhalant use increased from 6.4 to 7.1 percent.

Gender

- As in prior years, men were more likely to report current illicit drug use than women (8.7 vs. 5.5 percent) in 2001. However, rates of nonmedical psychotherapeutics use were similar for males (2.2 percent) and females (2.0 percent), consistent with previous findings for these drugs.

- Between 2000 and 2001, the rate of past month illicit drug use increased among both men (from 7.7 to 8.7 percent) and women (from 5.0 to 5.5 percent) aged 12 or older.

- Among youths aged 12 to 17, the rate of current illicit drug use was higher for boys (11.4 percent) than for girls (10.2 percent) (Figure 2.9). Although boys aged 12 to 17 had a higher rate of marijuana use than girls (8.9 vs. 7.1 percent), girls were more likely to use psychotherapeutics nonmedically than boys (3.8 vs. 2.7 percent).

- Among youths aged 12 to 17, there was a significant increase between 2000 and 2001 in the rate of current illicit drug use among boys (from 9.8 to 11.4 percent), but no significant difference was noted among girls (from 9.5 to 10.2 percent).

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Figure 2.7 Past Month Illicit Drug Use among Young Adults Aged 18 to 25: 1999, 2000, and 2001

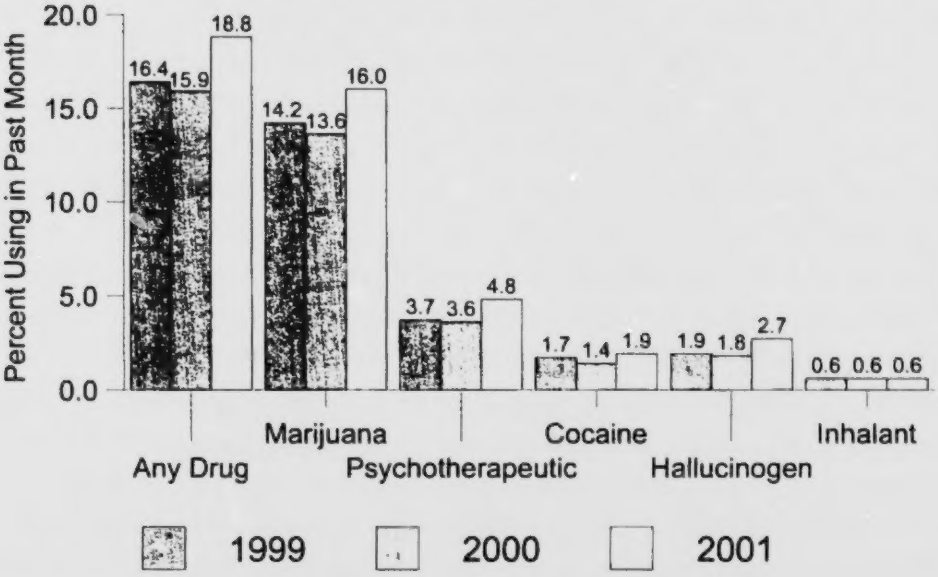

Figure 2.8 Past Month Illicit Drug Use among Adults Aged 26 or Older: 1999, 2000, and 2001

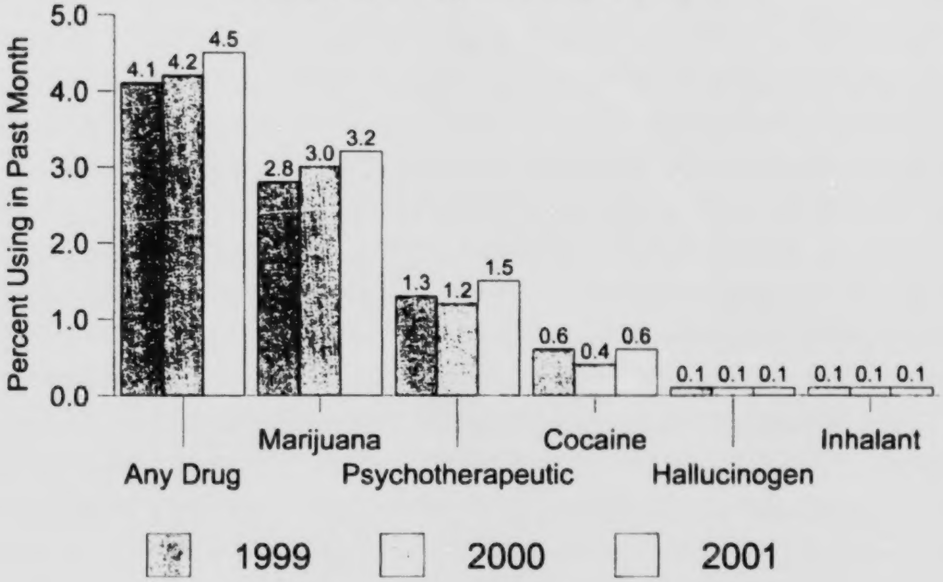

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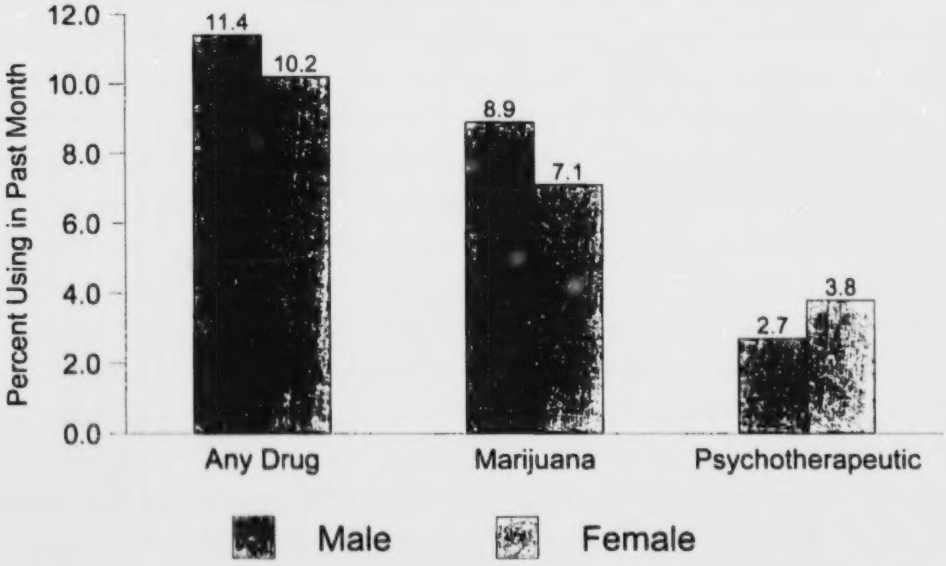
Figure 2.9 Past Month Illicit Drug Use among Youths Aged 12 to 17, by Gender: 2001



Pregnant Women

- Among pregnant women aged 15 to 44 years, 3.7 percent reported using illicit drugs in the month prior to interview (based on the combined 2000 and 2001 NHSDA samples). This rate was significantly lower than the rate among women aged 15 to 44 who were not pregnant (8.3 percent). Among pregnant women aged 15 to 17, the rate of use was 15.1 percent, nearly equal to the rate for nonpregnant women of the same age (14.1 percent) (Figure 2.10).

- In 2001, the rates of current illicit drug use were similar for white (4.0 percent), black (3.7 percent), and Hispanic (3.3 percent) pregnant women (Figure 2.11).

Figure 2.10 Past Month Illicit Drug Use among Pregnant Women, by Age: 2000-2001 Annual Averages

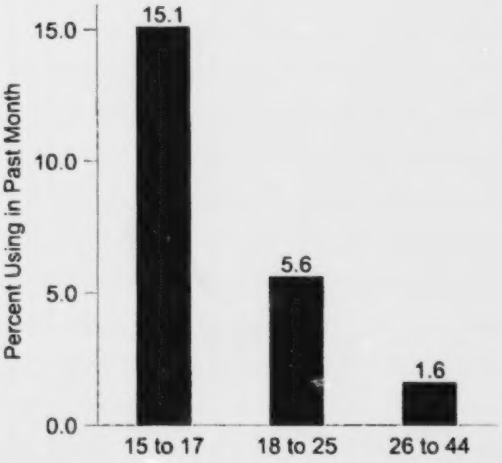
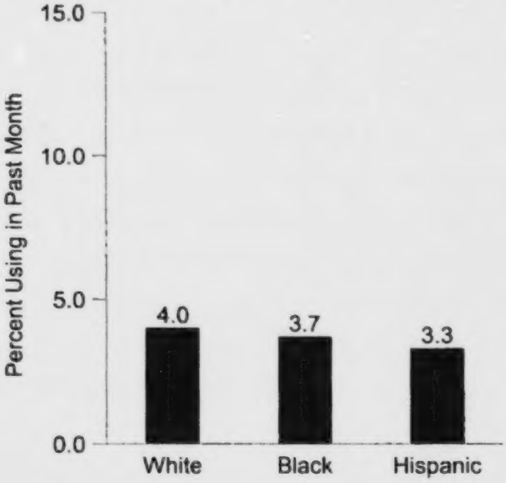


Figure 2.11 Past Month Illicit Drug Use among Pregnant Women Aged 15 to 44, by Race/Ethnicity: 2000-2001 Annual Averages



Race/Ethnicity

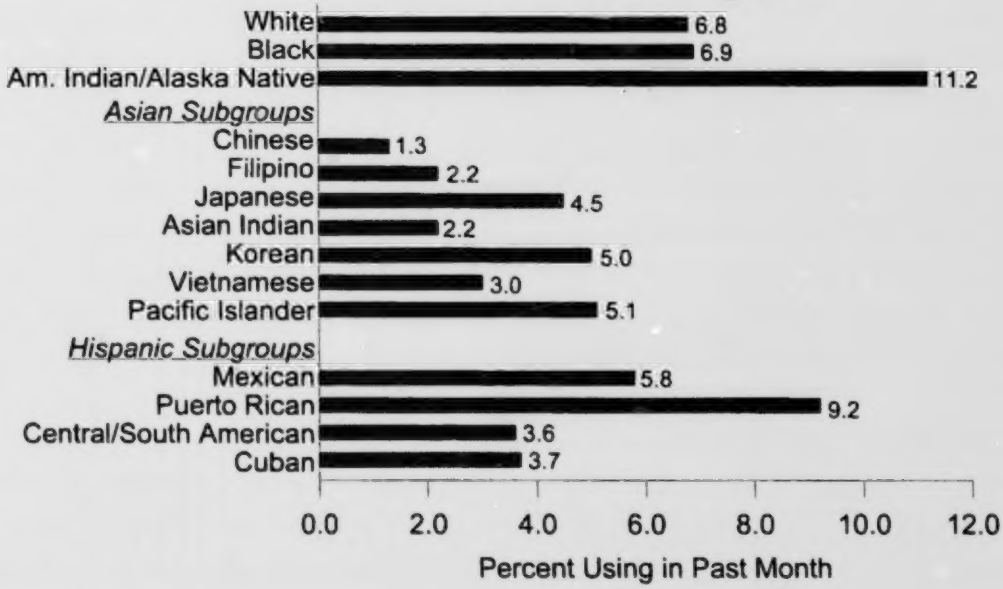
- Rates of current illicit drug use among the major racial/ethnic groups in 2001 were 7.2 percent for whites, 6.4 percent for Hispanics, and 7.4 percent for blacks. The rate was highest among American Indians/Alaska Natives (9.9 percent) and persons reporting more than one race (12.6 percent). Asians had the lowest rate (2.8 percent).

- Although Asians as a group had the lowest rate of current illicit drug use, there were variations among the Asian subgroups. For persons aged 12 or older, the rates were 1.3 percent for Chinese, 2.2 percent for Asian Indians or Filipinos, 3.0 percent for Vietnamese, 4.5 percent for Japanese, 5.0 percent for Koreans, and 5.1 percent for Pacific Islanders excluding Native Hawaiians (Figure 2.12). To ensure adequate sample sizes for these population subgroups, these estimates are based on combined 2000 and 2001 NHSDA data.

- Based on combined 2000 and 2001 data, rates of past month illicit drug use in the Hispanic population aged 12 or older were 9.2 percent for Puerto Ricans, 5.8 percent for Mexicans, 3.7 percent for Cubans, and 3.6 percent for Central or South Americans (Figure 2.12).

- Among youths aged 12 to 17, the rate of current illicit drug use was highest among American Indians/Alaska Natives (23.0 percent for combined 2000 and 2001 data).

Figure 2.12 Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity: 2000-2001 Annual Averages



Education

- Illicit drug use rates are generally correlated with educational status. Among adults aged 18 or older in 2001, college graduates had the lowest rate of current use (4.3 percent). The rate was 7.6 percent among those who had not completed high school. This is despite the fact that adults who had completed 4 years of college were more likely to have tried illicit drugs in their lifetime when compared with adults who had not completed high school (47.2 vs. 32.0 percent).

College Students

- In the college-aged population (i.e., those aged 18 to 22 years old), the rate of current illicit drug use was nearly the same among full-time undergraduate college students (20.6 percent) as for other persons aged 18 to 22 years, including part-time students, students in other grades, or nonstudents (21.7 percent).

- Between 2000 and 2001, there were no significant differences observed in the rate of current illicit drug use among full-time undergraduate college students; however, among other persons aged 18 to 22, the rate increased from 18.2 percent in 2000 to 21.7 percent in 2001.

Employment

- Current employment status is also highly correlated with rates of illicit drug use. An estimated 17.1 percent of unemployed adults aged 18 or older were current illicit drug users in 2001 compared with 6.9 percent of those employed full time and 9.1 percent of those employed part time.

- Although the rate of drug use was higher among unemployed persons than other employment groups, most drug users were employed. Of the 13.4 million illicit drug users aged 18 or older in 2001, 10.2 million (76.4 percent) were employed either full or part time.

Geographic Area

- Among persons aged 12 or older, the rate of current illicit drug use in 2001 was 8.3 percent in the West, 7.5 percent in the Northeast, 6.8 percent in the Midwest, and 6.2 percent in the South. By geographic division, rates ranged from 9.2 percent in New England division and 8.7 percent in the Pacific division to 6.2 percent in the West South Central division and 5.7 percent in the East South Central division.

- The rate of illicit drug use in metropolitan areas was higher than the rate in nonmetropolitan counties. Rates were 7.6 percent in large metropolitan counties, 7.1 percent in small metropolitan counties, and 5.8 percent in nonmetropolitan counties (Figure 2.13). Completely rural nonmetropolitan counties had lower rates of illicit drug use than other types of nonmetropolitan counties. Rates were 4.8 percent in completely rural counties and 5.5 percent in less urbanized nonmetropolitan counties.

- Among youths in 2001, rates of any illicit drug use ranged from 14.4 percent in completely rural nonmetropolitan counties to 10.4 percent in less urbanized nonmetropolitan counties. The rate of use for youths in large metropolitan areas was 10.4 percent.

Criminal Justice Populations

- In 2001, among the estimated 1.4 million adults aged 18 or older on parole or other supervised release from prison during the past year, 20.8 percent were current illicit drug users. This rate is higher than the rate for adults not on parole or supervised release (6.5 percent) and similar to the rate observed in 2000 (21.6 percent) (Figure 2.14).

- Among the estimated 4.0 million adults on probation at some time in the past year, 24.4 percent reported current illicit drug use in 2001, which was comparable with the rate observed in 2000 (24.2 percent). This compares with a rate of 6.3 percent among adults not on probation in 2001 (Figure 2.14).

Figure 2.13 Past Month Illicit Drug Use among Persons Aged 12 or Older, by County Type: 1999, 2000, and 2001

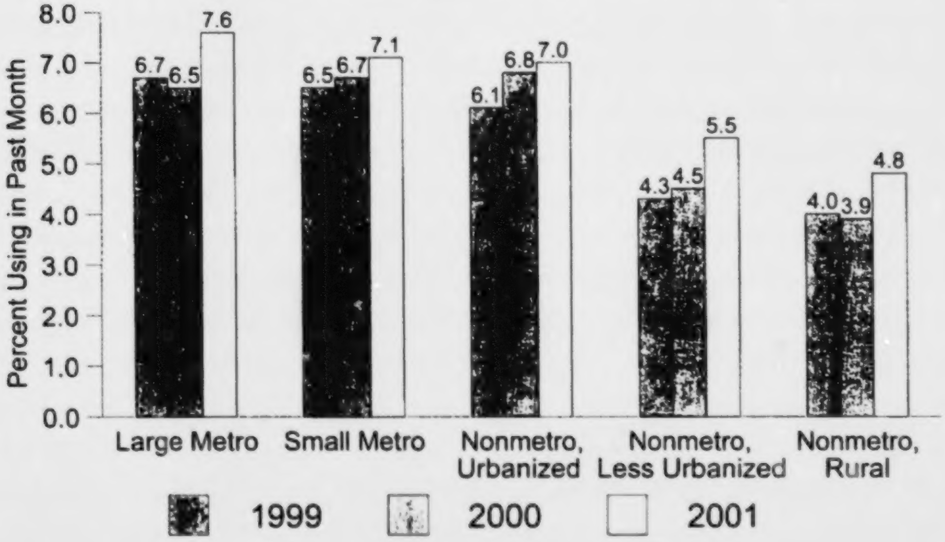
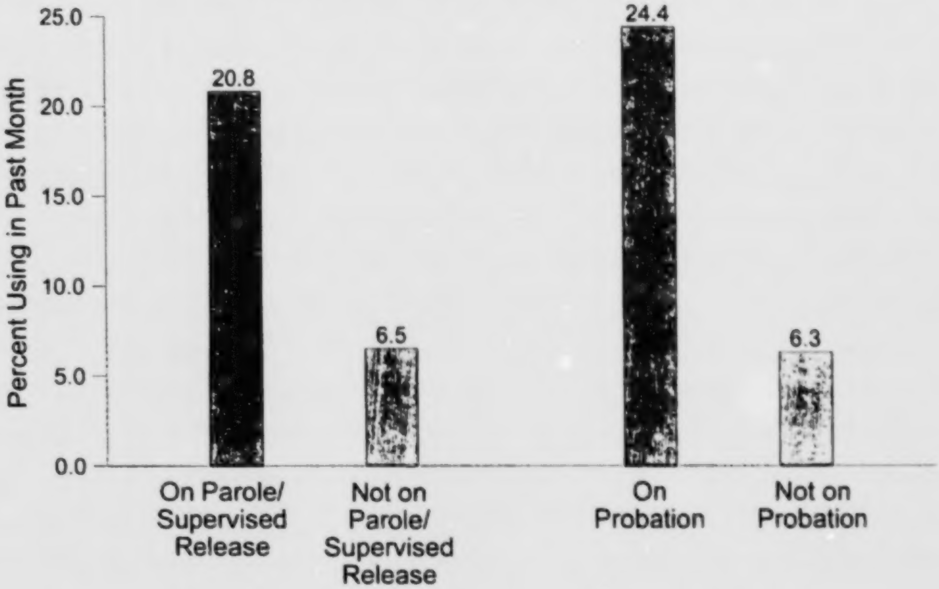


Figure 2.14 Past Month Illicit Drug Use among Adults Aged 18 or Older, by Parole and Probation Status: 2001



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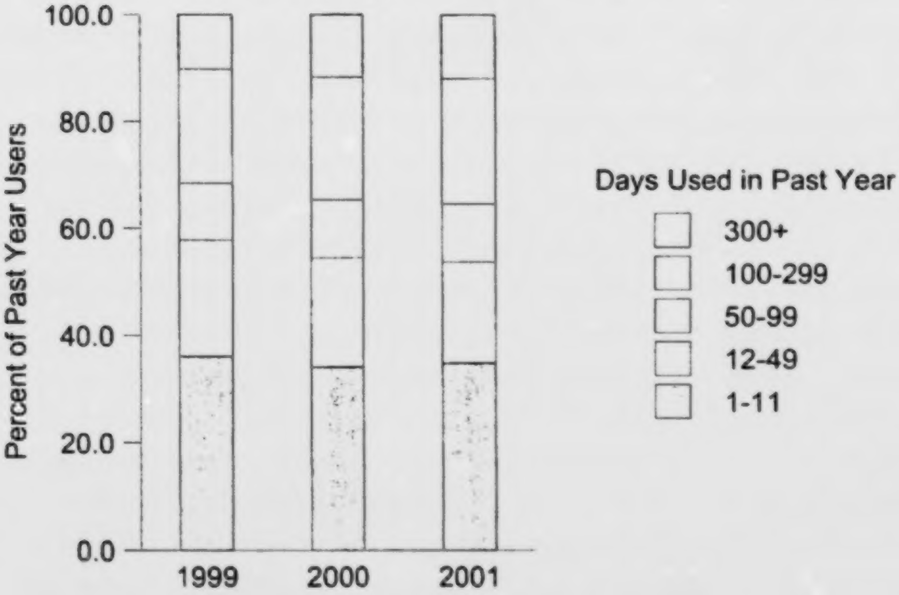
Frequency of Use

- Between 2000 and 2001, the frequency of marijuana use among past year users was similar. In 2001, 11.9 percent of past year marijuana users used the substance on 300 or more days in the past 12 months. This translates to 2.5 million persons using marijuana on a daily or almost daily basis over a 12-month period. Among past month users, about a third (32.0 percent, or 3.9 million persons) used marijuana more than 20 days in the past month (Figure 2.15).

Figure 2.15 Frequency of Marijuana Use among Past Year Users Aged 12 or Older: 1999, 2000, and 2001



Association with Cigarette and Alcohol Use

- The rate of past month illicit drug use among youths and adults was higher among those who were current cigarette or alcohol users compared with those who did not use these substances.

- In 2001, the rate of current illicit drug use was approximately 9 times higher among youths who smoked cigarettes (48.0 percent) than it was among youths who did not (5.3 percent).

- Illicit drug use also was associated with the level of alcohol use. Among youths who were heavy drinkers in 2001, 65.3 percent also were current illicit drug users, whereas among nondrinkers, the rate was only 5.1 percent.

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Driving Under the Influence of Illicit Drugs

- An estimated 8.0 million persons reported driving under the influence of an illicit drug at some time in the past year. This corresponds to 3.6 percent of the population aged 12 or older and is significantly higher than the rate in 2000 (3.1 percent) but similar to the rate in 1999 (3.4 percent). Among young adults aged 18 to 25 years, 12.4 percent drove under the influence of illicit drugs at least once in the past year.

- Of the 8.0 million persons who had driven under the influence of illicit drugs in the past year, most (77 percent) had also driven under the influence of alcohol.

3. Alcohol Use

The National Household Survey on Drug Abuse (NHSDA) includes a set of questions asking about the recency and frequency of the consumption of alcoholic beverages, such as beer, wine, whiskey, brandy, and mixed drinks. An extensive list of examples of the kinds of beverages covered is given to respondents prior to the question administration. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when the respondent only had a sip or two from a drink are not considered as consumption. For this report, estimates for the prevalence of alcohol use are reported primarily at three levels defined for both men and women and for all ages as follows:

Current use - At least one drink in the past 30 days (includes binge and heavy use).

Binge use - Five or more drinks on the same occasion at least once in the 30 days prior to survey (includes heavy use).

Heavy use - Five or more drinks on the same occasion on at least 5 different days in the past 30 days.

A summary of the findings from the 2001 NHSDA alcohol questions is given below:

- Almost half of Americans aged 12 or older reported being current drinkers of alcohol in the 2001 survey (48.3 percent). This translates to an estimated 109 million people. Both the rate of alcohol use and the number of drinkers increased from 2000, when 104 million, or 46.6 percent, of people aged 12 or older reported drinking in the past 30 days.

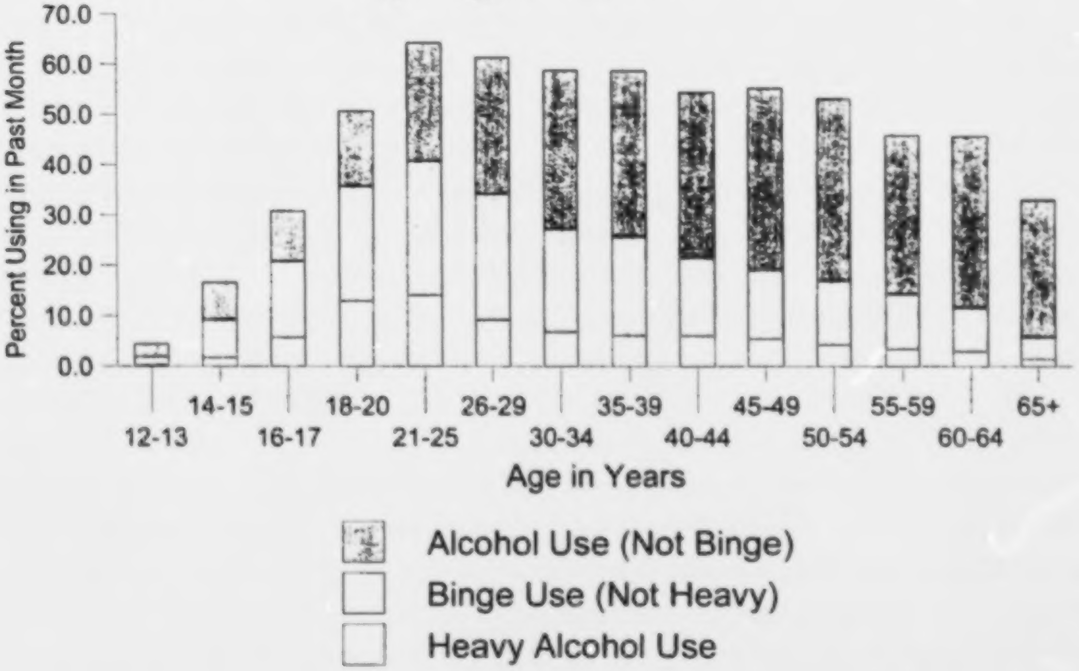
- Approximately one fifth (20.5 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the survey. Although the number of current drinkers increased between 2000 and 2001, the number of those reporting binge drinking did not change significantly.

- Heavy drinking was reported by 5.7 percent of the population aged 12 or older, or 12.9 million people. These 2001 estimates are similar to the 2000 estimates.

Age

- The prevalence of current alcohol use in 2001 increased with increasing age for youths, from 2.6 percent at age 12 to a peak of 67.5 percent for persons 21 years old. Unlike prevalence patterns observed for cigarettes and illicit drugs, current alcohol use remained steady among older age groups. For people aged 21 to 25 and those aged 26 to 34, the rates of current alcohol use in 2001 were 64.3 and 59.9 percent, respectively. The prevalence of alcohol use was slightly lower for persons in their 40s. Past month drinking was reported by 45.6 percent of respondents aged 60 to 64, and 33.0 percent of persons 65 or older (Figure 3.1).

Figure 3.1 Past Month Alcohol Use, by Age: 2001



- The highest prevalence of both binge and heavy drinking in 2001 was for young adults aged 18 to 25, with the peak rate occurring at age 21. The rate of binge drinking was 38.7 percent for young adults and 48.2 percent at age 21. Heavy alcohol use was reported by 13.6 percent of persons aged 18 to 25, and by 17.8 percent of persons aged 21. Binge and heavy alcohol use rates decreased faster with increasing age than did rates of past month alcohol use. While 55.2 percent of the population aged 45 to 49 in 2001 were current drinkers, 19.1 percent of persons within this age range binge drank and 5.4 percent drank heavily (Figure 3.1). Binge and heavy drinking were relatively rare among people aged 65 or older, with reported rates of 5.8 and 1.4 percent, respectively.

- Among youths aged 12 to 17, an estimated 17.3 percent used alcohol in the month prior to the survey interview. This rate was higher than the rate of youth alcohol use reported in 2000 (16.4 percent). Of all youths, 10.6 percent were binge drinkers, and 2.5 percent were heavy drinkers. These are roughly the same percentages as those reported in 2000 (10.4 and 2.6 percent, respectively).

Underage Alcohol Use

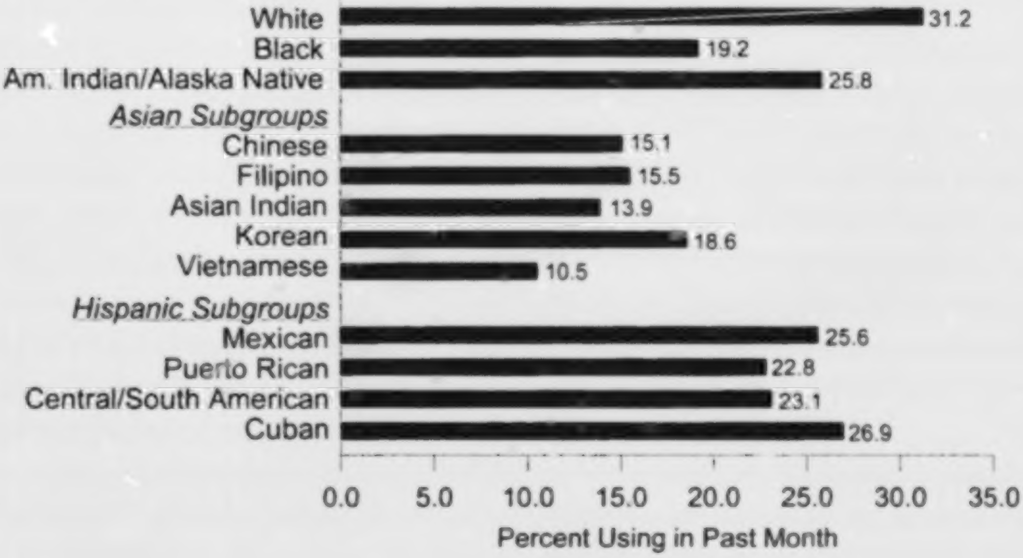
- About 10.1 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey interview in 2001 (28.5 percent of this age group). Of these, nearly 6.8 million (19.0 percent) were binge drinkers and 2.1 million (6.0 percent) were heavy drinkers. All of these 2001 rates are similar to rates observed in 2000.

- Males aged 12 to 20 were more likely than their female peers to report binge drinking in 2001 (22.0 vs. 15.9 percent).

- Among people aged 12 to 20, past month alcohol use rates in 2001 ranged from 19.7 percent for Asians and 19.8 percent among blacks to 31.6 percent for whites. Binge drinking was reported by 21.7 percent of underage whites and 18.5 percent of underage American Indians or Alaska Natives, but only by 10.7 percent of underage Asians and 10.5 percent of underage blacks.

- Combined 2000 and 2001 data indicate variations in the rates of underage alcohol use across Asian subgroups. Rates of past month use ranged from 10.5 percent for Vietnamese to 15.5 percent for Filipinos (Figure 3.2).

Figure 3.2 Past Month Alcohol Use among Youths Aged 12 to 20, by Race/Ethnicity: 2000-2001 Annual Averages



- Across geographic divisions in 2001, underage current alcohol use rates ranged from 24.2 percent in the East South Central division and 26.8 percent in the Pacific division to 35.0 percent in New England. Between 2000 and 2001, there was an increase in underage drinking in the West South Central division (from 27.5 to 30.4 percent).

- In 2001, underage current alcohol use rates were similar in large metropolitan areas (27.3 percent), small metropolitan areas (29.8 percent), and nonmetropolitan areas (29.3 percent). The rate in nonmetropolitan rural areas was 27.5 percent.

Gender

- Except among youths aged 12 to 17, males were more likely than females to report past month alcohol drinking. In 2001, 54.8 percent of males aged 12 or older were current drinkers compared with 42.3 percent of females.

- For the youngest age group (12 to 17), males and females had comparable rates of current alcohol use in 2001 (17.2 percent of males and 17.3 percent of females). However, rates of binge and heavy alcohol use were higher among male youths than female youths in both 2000 and 2001.

Pregnant Women

- Among pregnant women aged 15 to 44 years in 2000 and 2001 combined, 12.9 percent used alcohol and 4.6 percent were binge drinkers. These rates were significantly lower than the rates for nonpregnant women of that age (49.8 and 20.5 percent, respectively).

Race/Ethnicity

- Whites were more likely than any other racial/ethnic group to report current use of alcohol in 2001. An estimated 52.7 percent of whites reported past month use. The next highest rates were for persons reporting more than one race (43.2 percent). The lowest current drinking rate was observed for Asians (31.9 percent). The rate was 35.1 percent for blacks and 35.0 percent for American Indians/Alaska Natives.

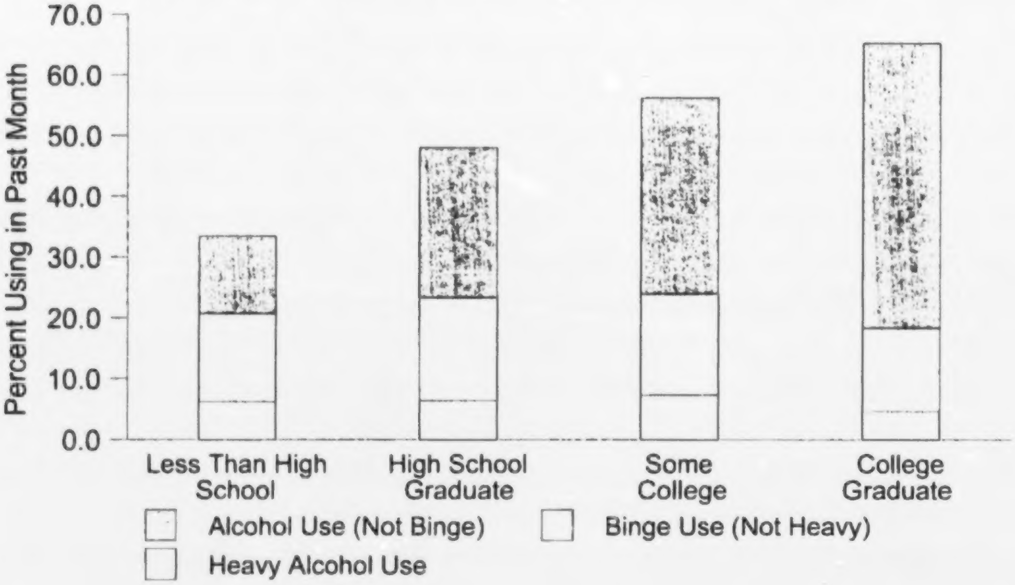
- Binge alcohol use was least likely to be reported by Asians (10.1 percent) and most likely to be reported by American Indians/Alaska Natives (21.8 percent) and whites (21.5 percent).

- Among youths aged 12 to 17 in 2001, blacks and Asians were least likely to report past month alcohol use. Only 11.5 percent of Asian youths and 10.6 percent of black youths were current drinkers, while rates were above 15 percent for other racial/ethnic groups. However, the rates for Asian and black youths were significantly higher than the rates reported in 2000 (7.1 and 8.8 percent, for Asians and blacks, respectively).

Education

- The rate of past month alcohol use increased with increasing levels of education. Among adults aged 18 or older with less than a high school education, 33.4 percent were current drinkers in 2001, while 65.2 percent of college graduates were current drinkers. However, binge drinking and heavy drinking were least prevalent among college graduates (Figure 3.3).

Figure 3.3 Past Month Alcohol Use among Adults Aged 18 or Older, by Educational Attainment: 2001



College Students

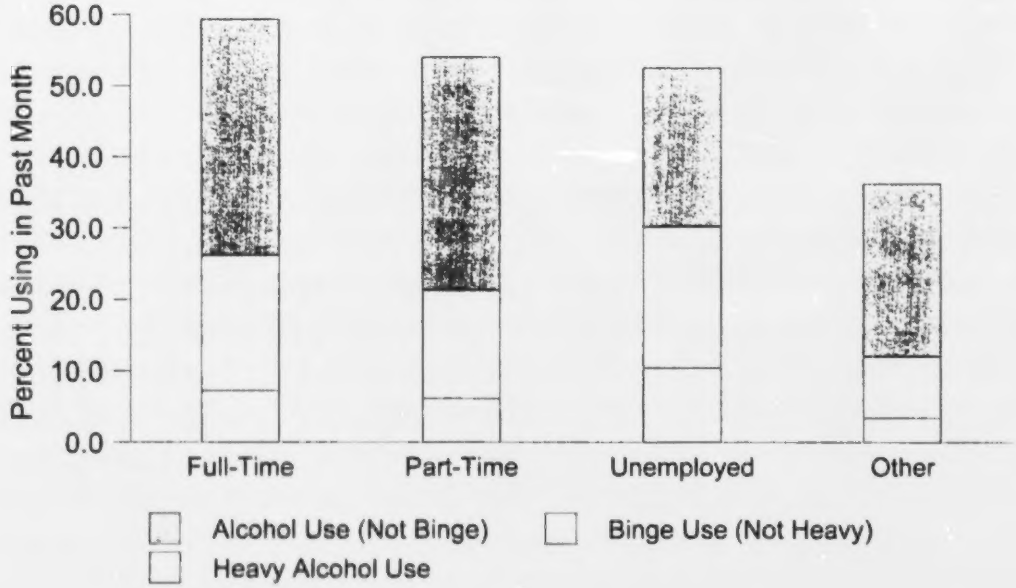
- Young adults aged 18 to 22 enrolled full time in college were more likely than their peers not enrolled full time (this category includes part-time college students and persons not enrolled in college) to report all three levels of drinking in 2001. Past month alcohol use was reported by 63.1 percent of full-time college students compared with 53.3 percent of their counterparts who were not currently enrolled full time. Binge and heavy use rates for college students were 42.5 and 18.2 percent, respectively, compared with 37.7 and 12.1 percent, respectively, for other persons aged 18 to 22.

- Among full-time college students 18 to 22 years of age, males were more likely than females to report all three levels of drinking in 2001. Of the full-time undergraduates, 67.5 percent of males and 59.2 percent of females reported current alcohol use. Among full-time male college students, 52.6 percent reported binge drinking and 25.5 percent reported heavy drinking. About one third (33.5 percent) of female full-time college students reported binge drinking in 2001 and 11.7 percent reported heavy alcohol use.

Employment

- Rates for current alcohol use were 59.3 percent for full-time employed adults aged 18 or older in 2001 compared with 52.5 percent of their unemployed peers. However, the patterns were different for binge and heavy alcohol use; rates were higher for unemployed persons (30.2 and 10.4 percent, respectively, for binge and heavy use) than for full-time employed persons (26.2 and 7.2 percent, respectively) (Figure 3.4).

Figure 3.4 Past Month Alcohol Use among Adults Aged 18 or Older, by Employment Status: 2001



- Most binge and heavy alcohol users are employed. Among the 43.9 million adult binge drinkers in 2001, 35.4 million (81 percent) were employed either full or part time. Similarly, 9.8 million (80 percent) of the 12.4 million adult heavy drinkers were employed.

Geographic Area

- The rate of past month alcohol use for people aged 12 or older in 2001 was lowest in the East South Central division (34.5 percent) and highest in New England (59.5 percent).

- Among all people aged 12 or older, the rate of alcohol use in 2001 in large metropolitan areas was 50.7 percent compared with 41.9 percent in nonmetropolitan areas. However, there was less variation across county types in rates of binge and heavy drinking. The rate of heavy alcohol use was 5.4 percent in large metropolitan areas and 5.9 percent in nonmetropolitan areas.

- Patterns of alcohol use across county type were different for youths and adults in 2001. Among youths aged 12 to 17, the rates of past month alcohol use and heavy alcohol use were higher in rural areas than in large metropolitan areas (for past month use, the difference was marginally significant, $p < .07$). Among adults, the rates of past month alcohol use were higher in large metropolitan areas than in rural areas, while there were no differences in heavy use rates across these county types (see Figures 3.5 and 3.6 on the next page).

Association with Illicit Drug and Tobacco Use

- As observed in prior years, the level of alcohol use was strongly associated with illicit drug use in 2001. Among the 12.9 million heavy drinkers aged 12 or older, 30.7 percent were current illicit drug users. For binge drinkers who were not heavy drinkers, 15.9 percent reported past month illicit drug use. Other drinkers (i.e., past month alcohol use but not binge drinking) had a rate of 5.4 percent for current illicit drug use, and persons who did not use alcohol in the past month were least likely to use illicit drugs (2.8 percent).

- Drinking levels also were associated with tobacco use. Among heavy alcohol users, 61.1 percent smoked cigarettes in the past month, while only 20.6 percent of non-binge current drinkers and 17.8 percent of nondrinkers were current smokers. Smokeless tobacco and cigar use also were more prevalent among heavy drinkers than among non-binge drinkers and nondrinkers.

Driving Under the Influence of Alcohol

- More than 1 in 10 Americans aged 12 or older in 2001 (25.1 million persons) drove under the influence of alcohol at least once in the 12 months prior to the interview. Between 2000 and 2001, the rate of driving under the influence of alcohol increased from 10.0 to 11.1 percent. Among young adults aged 18 to 25 years, 22.8 percent drove under the influence of alcohol.

Figure 3.5 Past Month Alcohol Use in Large Metropolitan and Rural Counties, by Age: 2001

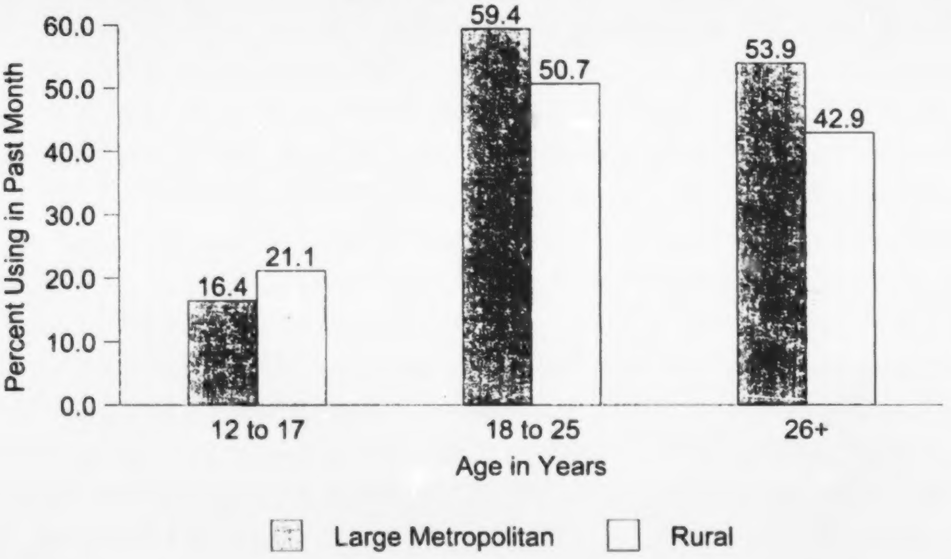
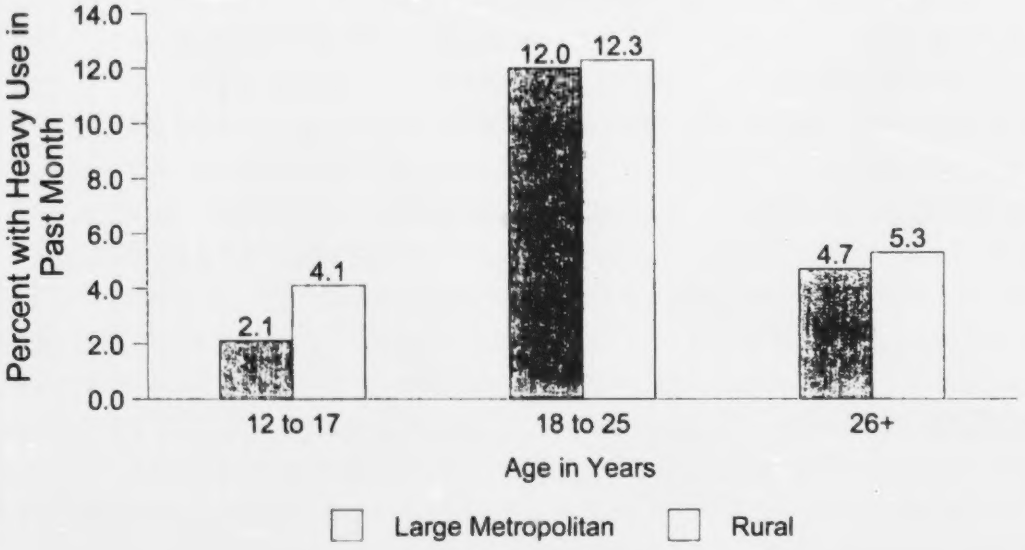


Figure 3.6 Heavy Alcohol Use in Large Metropolitan and Rural Counties, by Age: 2001



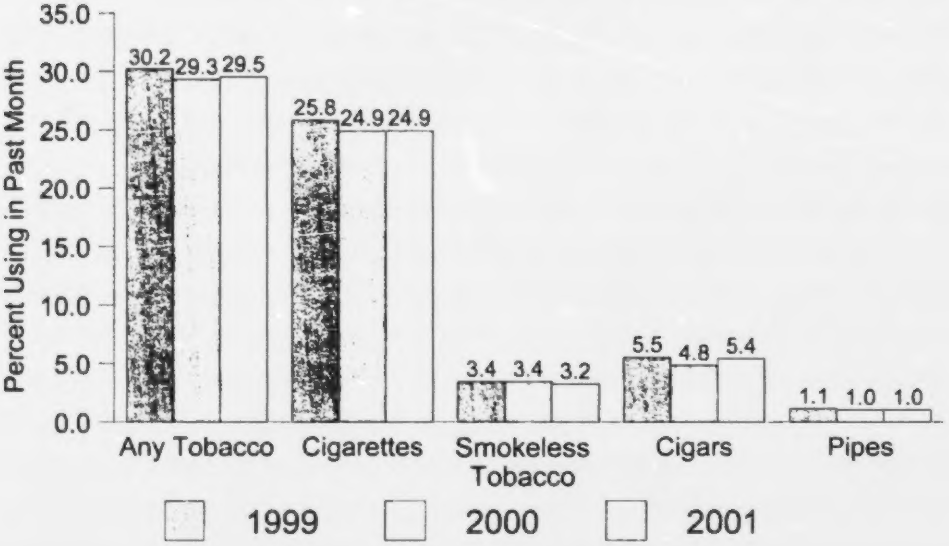
4. Tobacco Use

The National Household Survey on Drug Abuse (NHSDA) includes a series of questions asking about the use of several tobacco products, including cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. For analysis purposes, data for chewing tobacco and snuff are combined and referred to as "smokeless tobacco." Cigarette use is defined as smoking "part or all of a cigarette." Separate questions on smoking specialty cigarettes were introduced in 2001. Specialty cigarettes include bidi and clove cigarettes. Bidis are small, brown cigarettes from India consisting of tobacco wrapped in a leaf and tied with a thread. Clove cigarettes contain both tobacco and clove flavoring. Findings from the 2001 NHSDA are summarized below.

- An estimated 66.5 million Americans reported current use (past month use) of a tobacco product in 2001, a prevalence rate of 29.5 percent for the population aged 12 or older.

- Among that same population, 56.3 million (24.9 percent of the total population aged 12 or older) smoked cigarettes, 12.1 million (5.4 percent) smoked cigars, 7.3 million (3.2 percent) used smokeless tobacco, and 2.3 million (1.0 percent) smoked tobacco in pipes (Figure 4.1). Between 2000 and 2001, the percentage reporting past month cigar smoking increased from 4.8 to 5.4 percent, which was similar to the rate reported in 1999 (5.5 percent). There were no other significant changes in the rates of current use of other tobacco products.

Figure 4.1 Past Month Tobacco Use among Persons Aged 12 or Older: 1999, 2000, and 2001



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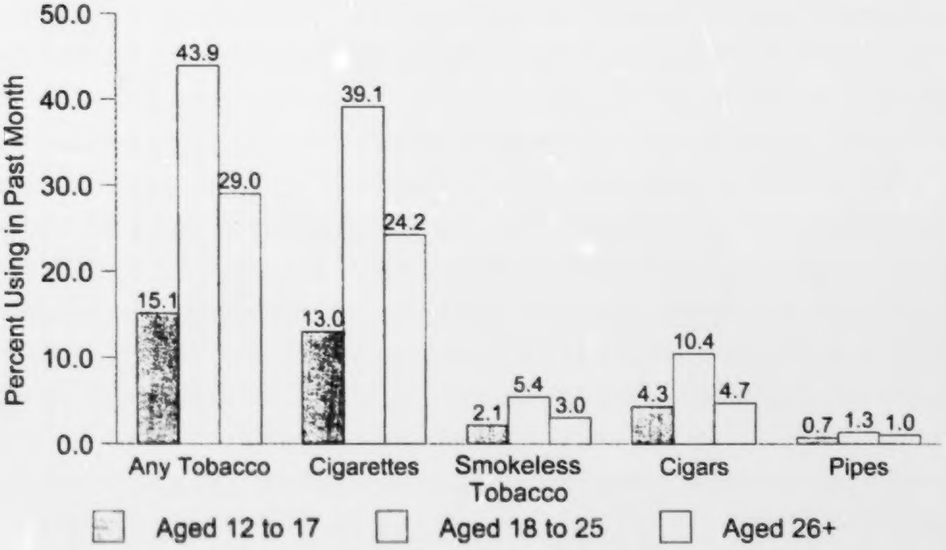
Age

- Young adults aged 18 to 25 continued to report the highest rates of use of tobacco products. Past month use of cigarettes was reported by 39.1 percent of young adults, smokeless tobacco by 5.4 percent, cigars by 10.4 percent, and pipes by 1.3 percent (Figure 4.2).

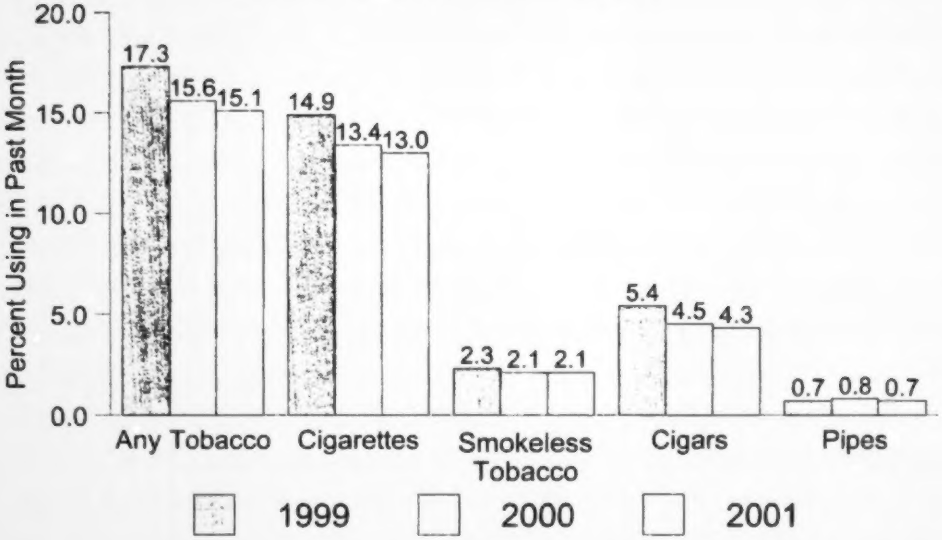
Figure 4.2 Past Month Tobacco Use among Persons Aged 12 or Older: 2001



- Current cigarette smoking rates increased steadily by year of age up to age 21, from 1.7 percent at age 12 to 43.5 percent at age 21. After age 21, rates generally declined, reaching 18.3 percent for persons aged 60 to 64 years and 9.1 percent for persons aged 65 or older. By age group, the prevalence of cigarette use was 13.0 percent among 12 to 17 year olds, 39.1 percent among young adults aged 18 to 25 years, and 24.2 percent among adults aged 26 or older.

- There were no significant changes in rates of the different forms of tobacco products among youths aged 12 to 17 between 2000 and 2001. However, the rate of youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend observed between 1999 and 2000. Rates were 14.9 percent in 1999, 13.4 percent in 2000, and 13.0 percent in 2001 (Figure 4.3).

Figure 4.3 Past Month Tobacco Use among Youths Aged 12 to 17: 1999, 2000, and 2001



- Smokeless tobacco use was most prevalent among young adults aged 18 to 25. Past month use of smokeless tobacco was reported by 5.4 percent of young adults in 2001, which was similar to the rates in 1999 (5.7 percent) and 2000 (5.0 percent). Between 1999 and 2001, rates also were stable among youths aged 12 to 17 (2.1 percent in 2001) and among persons aged 26 or older (3.0 percent in 2001).

- Trends in current cigar use varied between 1999 and 2001 among age groups. Among youths aged 12 to 17, the rate in 2001 (4.3 percent) was not significantly different from 2000 (4.5 percent), but continued to be lower than in 1999 (5.4 percent). A similar downward trend appeared among young adults aged 18 to 25 years old: 10.4 percent in 2001 and 2000 and 11.5 percent in 1999. However, among adults aged 26 or older, the rate in 2001 (4.7 percent) was significantly higher than the rate in 2000, reversing the downward trend between 1999 and 2000 (4.5 and 3.9 percent, respectively).

Gender

- As in 2000, males were more likely than females to report past month use of any tobacco product. In 2001, 35.6 percent of males aged 12 or older were current users of any tobacco product, a significantly higher proportion than among females (23.8 percent).

- A higher proportion of males aged 12 or older smoked cigarettes than females in 2001 (27.1 vs. 23.0 percent).

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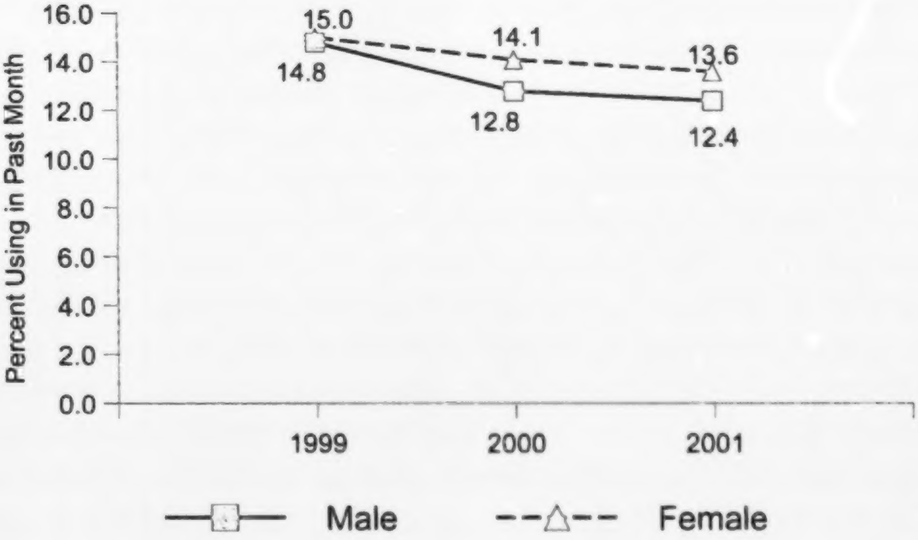
- Between 1999 and 2001, the rate of cigarette use among males aged 12 to 17 decreased significantly from 14.8 to 12.4 percent, although the change between 2000 and 2001 was not significant (12.8 to 12.4 percent). A similar pattern was seen among females between 1999 and 2001 (15.0 percent in 1999 to 13.6 percent in 2001; it was 14.1 percent in 2000) (Figure 4.4).

Figure 4.4 Past Month Cigarette Use among Youths Aged 12 to 17, by Gender: 1999, 2000, and 2001



- Males were more than 10 times as likely as their female counterparts to report current use of smokeless tobacco (6.3 percent of males aged 12 or older vs. 0.4 percent of females).

- As seen for smokeless tobacco, males were more likely than females to report past month cigar use. Specifically, males were more than 4 times as likely as females to report past month use of cigars (9.4 vs. 1.6 percent).

- Between 2000 and 2001, a significant increase in cigar use was observed among males—from 8.4 to 9.4 percent. This was a reversal of the downward trend between 1999 and 2000. There was no significant difference in the rate among females between 2000 and 2001.

Pregnant Women

- Based on 2000 and 2001 combined data, 19.8 percent of pregnant women aged 15 to 44 smoked cigarettes in the past month compared with 29.5 percent of nonpregnant women of the same age group.

Race/Ethnicity

- American Indians and Alaska Natives were more likely than any other racial/ethnic group to report the use of tobacco products in 2001. For past month use among persons aged 12 or older, 44.9 percent of American Indians/Alaska Natives reported using at least one tobacco product. This rate was not significantly different from the rate of 55.0 percent reported for this group in 2000. The lowest current tobacco use rate in 2001 was observed for Asians (13.6 percent).

- Current cigarette smoking rates among persons aged 12 or older were 38.0 percent among American Indians/Alaska Natives, 31.1 percent among persons reporting more than one race, 27.7 percent among Native Hawaiians or other Pacific Islanders, 26.1 percent among whites, 23.9 percent for blacks, 20.9 percent for Hispanics, and 12.9 percent for Asians.

- Based on 2000 and 2001 combined data, the rates of current cigarette use in the population aged 12 or older varied across Asian and Hispanic subgroups. The rates for Asians during that period were 23.8 percent for Vietnamese, 21.0 percent for Koreans, 17.7 percent for Japanese, 13.1 percent for Filipinos, 11.9 percent for Asian Indians, and 10.2 percent for Chinese. Among Hispanics aged 12 or older, Puerto Ricans had the highest rate of current cigarette use (26.9 percent). Rates were 20.1 percent for Mexicans, 20.4 percent for people whose ancestry was Central or South American, and 19.2 percent for Cubans (Figure 4.5).

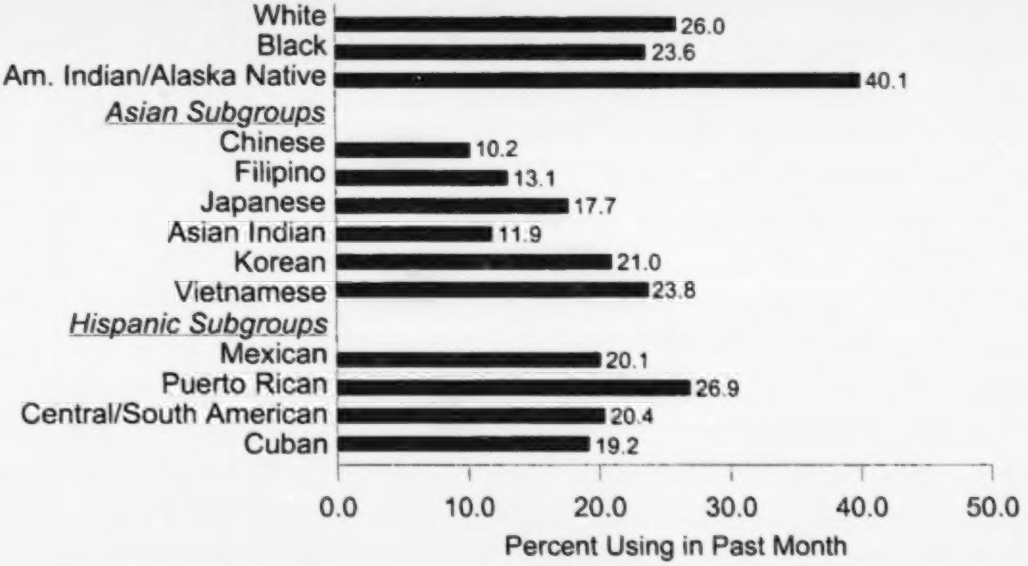
Education

- The prevalence of cigarette smoking decreased with increasing levels of education. Among adults aged 18 or older in 2001, college graduates were the least likely to report smoking cigarettes (13.8 percent) compared with 26.7 percent of adults with some college, 32.1 percent of adults with only a high school diploma, and 33.8 percent of adults who lacked a high school diploma.

College Students

- Young adults aged 18 to 22 enrolled full time in college in 2001 were less likely to report current cigarette use than their peers not enrolled full time (this category includes part-time college students and persons not enrolled in college). Past month cigarette use was reported by 32.9 percent of full-time college students compared with 44.6 percent of their peers who were not enrolled full time.

Figure 4.5 Past Month Cigarette Use among Persons Aged 12 or Older, by Race/Ethnicity: 2000-2001 Annual Averages



Employment

- Rates of current cigarette smoking were 40.6 percent for unemployed adults aged 18 or older in 2001 compared with 28.6 percent of full-time employed adults and 25.9 percent of adults working part time.

- Rates of smokeless tobacco use by employment status in 2001 displayed a somewhat different pattern from the rates of cigarette use. The rates of past month smokeless tobacco use among persons aged 18 or older were 4.3 percent for those employed full time, 3.4 percent among unemployed persons, and 1.9 percent among part-time workers.

Geographic Area

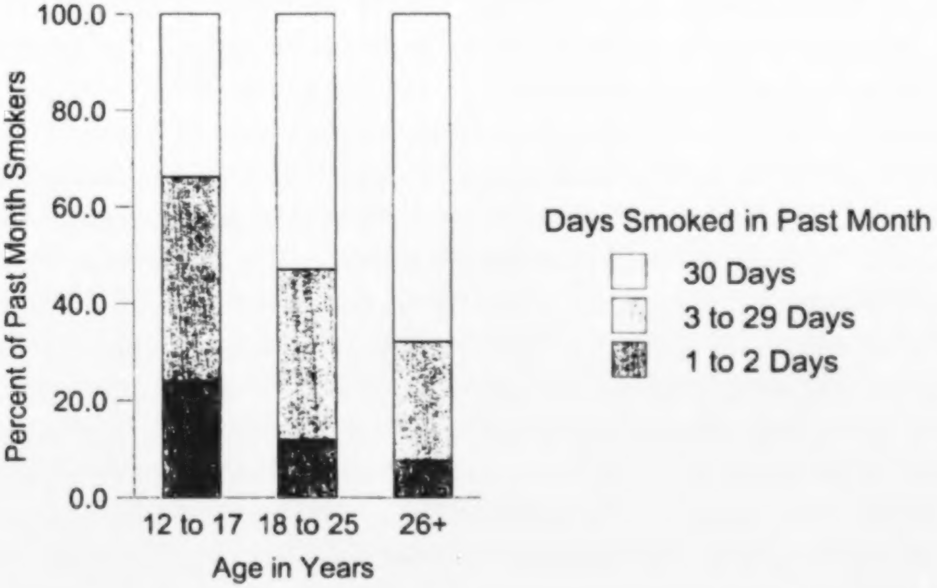
- Cigarette use rates among persons aged 12 or older varied by region of the country. Past month cigarette use ranged from a low of 21.6 percent for persons living in the Pacific division to 29.4 percent of persons living in the East South Central part of the country.

- Rates of cigarette use among persons aged 12 or older tended to be higher in less densely populated areas. In large metropolitan areas, 22.9 percent smoked in the past month compared with 26.5 percent in small metropolitan areas, 27.3 percent in nonmetropolitan areas, and 28.5 percent in completely rural nonmetropolitan areas. For youths aged 12 to 17 in large metropolitan areas, 11.0 percent smoked in the past month compared with 19.1 percent of youths in completely rural nonmetropolitan areas.

Frequency of Cigarette Use

- Of the 56.3 million past month cigarette smokers, 62.9 percent (35.4 million) reported smoking every day in the past 30 days; this rate was not significantly different from the rate of 64.6 percent in 2000. Among youths aged 12 to 17 who smoked, 33.7 percent were daily smokers (Figure 4.6).

Figure 4.6 Frequency of Cigarette Use among Current Smokers, by Age: 2001



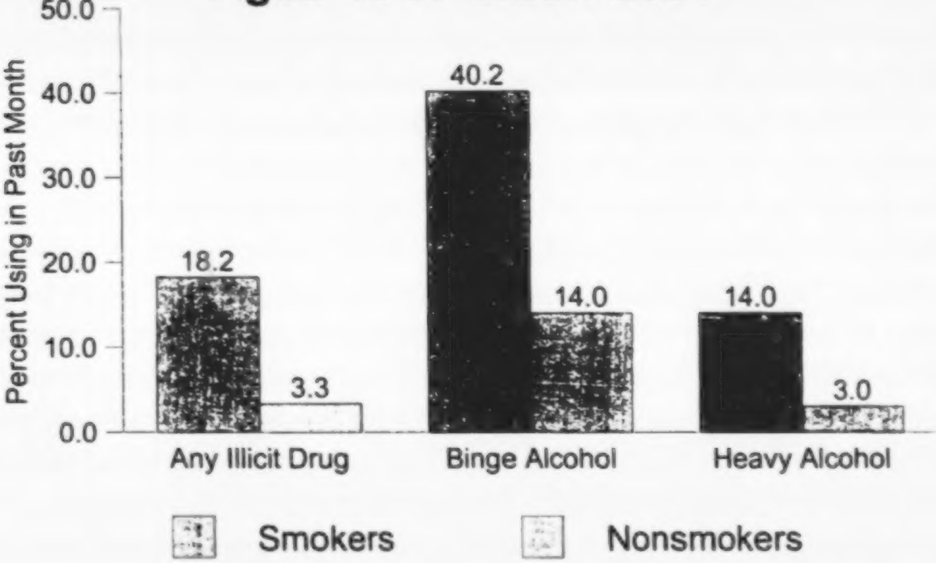
- Although 53.5 percent of all daily smokers aged 12 or older smoked a pack or more of cigarettes a day, 23.0 percent of daily smokers aged 12 to 17 reported doing so.

Association with Illicit Drug and Alcohol Use

- Current (past month) cigarette smokers were more likely to use other tobacco products, alcohol, and illicit drugs than current nonsmokers. Comparing current smokers with current nonsmokers, rates of binge alcohol use were 40.2 versus 14.0 percent, rates of heavy alcohol use were 14.0 versus 3.0 percent, and rates of current (past month) illicit drug use were 18.2 versus 3.3 percent (Figure 4.7).

- The rate of current illicit drug use (18.2 percent) among current smokers was significantly higher than the rate for this group in 2000 (15.6 percent).

Figure 4.7 Past Month Any Illicit Drug, Binge Alcohol, and Heavy Alcohol Use among Smokers and Nonsmokers Aged 12 or Older: 2001



Usual Brand of Cigarettes Smoked

- There were notable racial/ethnic differences with regard to brand of cigarettes smoked most often in the past month. In 2001, almost half of white smokers aged 12 or older (44.5 percent) and more than half of Hispanic smokers (59.5 percent) reported smoking Marlboro cigarettes. Among black smokers, 45.2 percent smoked Newport cigarettes.

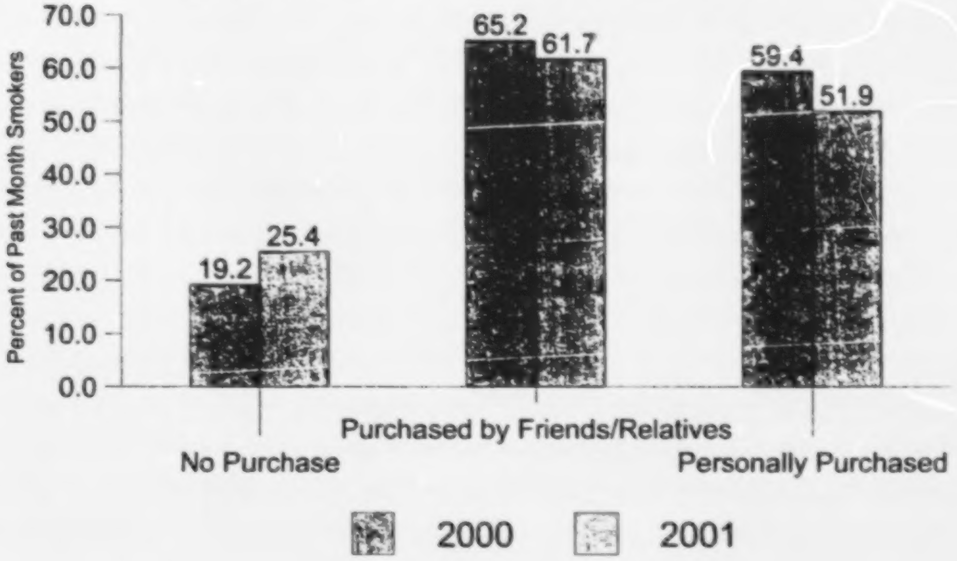
- Three brands accounted for most of the youth cigarette smoking in 2001. Among current smokers who were 12 to 17 years of age, 55.2 percent reported Marlboro as their usual brand, 22.8 percent reported Newport, and 9.4 percent reported Camel. No other individual cigarette brand was reported by more than 2.5 percent of these youths. The respective dominance of these three brands among youths has remained unchanged since 1999.

- Racial/ethnic differences in usual cigarette brand used also were evident among youth smokers aged 12 to 17. Marlboro was the most frequently cited brand among more than half of white and Hispanic youth smokers (59.8 and 54.7 percent, respectively). Among black youth smokers, Newport was the most frequently cited brand (69.7 percent).

Youth Access to Cigarettes in the Past Month

- The percentage of youth smokers aged 12 to 17 reporting no cigarette purchase in the past month increased from 19.2 percent in 2000 to 25.4 percent in 2001 (Figure 4.8).
- The proportion of past month youth smokers who reported personally buying cigarettes fell from 59.4 to 51.9 percent.
- The proportion of youth smokers who reported buying cigarettes at a store where a clerk handed out cigarettes fell from 33.8 percent in 2000 to 28.5 percent in 2001. This decline was largely attributable to the decline in this method of access observed among older youth smokers aged 14 to 17.
- About three fifths (61.7 percent) of youth smokers aged 12 to 17 reported that friends or relatives bought cigarettes for them at least one time in the past month. Even though this rate was significantly lower than the rate in 2000, this was still the predominant method of cigarette access among youths in 2001.

Figure 4.8 Access to Cigarettes in the Past Month among Past Month Smokers Aged 12 to 17: 2000 and 2001



Specialty Cigarettes (Bidi and Clove Cigarettes)

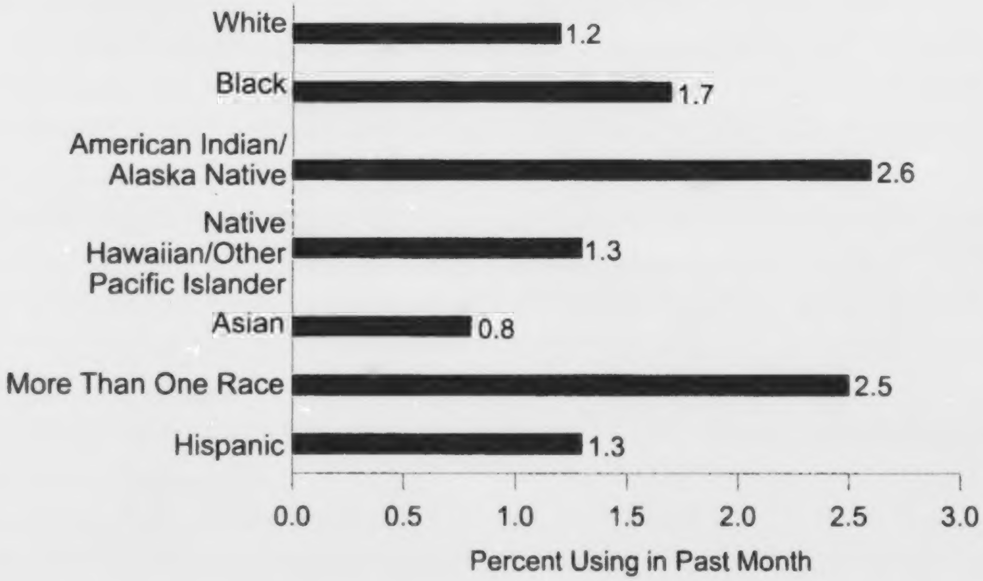
- In 2001, an estimated 2.8 million persons aged 12 or older (1.3 percent of the population) smoked bidi or clove cigarettes in the past month. An estimated 1.3 million (0.6 percent) smoked bidis, and 1.9 million (0.9 percent) smoked clove cigarettes.

- The rates of past month specialty cigarette use in 2001 were 2.0 percent among persons aged 12 to 17 years, 4.2 percent among persons aged 18 to 25, and 0.7 percent among persons aged 26 or older.

- By Hispanic origin and race, the reported rates of past month smoking of bidi or clove specialty cigarettes ranged from 1.2 percent among non-Hispanic whites to 2.6 percent among American Indians and Alaskan Natives (Figure 4.9).

- Most specialty cigarette smokers in 2001 (75 percent) were currently smoking tobacco cigarettes. Among past month tobacco cigarette smokers, 3.8 percent also used bidi or clove cigarettes, while among persons who were not current cigarette smokers the rate of specialty cigarette use was 0.4 percent.

Figure 4.9 Past Month Specialty Cigarette Use among Persons Aged 12 or Older, by Race/Ethnicity: 2001



5. Trends in Initiation of Substance Use

Estimates of substance use incidence, or initiation (i.e., the number of new users during a given year), provide another measure of the Nation's substance use problem. Where prevalence estimates describe the extent of current use of substances, incidence data describe emerging patterns of use, particularly among young people. In the past, increases and decreases in incidence have usually been followed by corresponding changes in the prevalence of use, particularly among youths.

The incidence estimates in this report are based on National Household Survey on Drug Abuse (NHSDA) data from 1999, 2000, and 2001 collected with computer-assisted interviewing methods. These data should not be compared with previously published NHSDA data based on paper-and-pencil interviewing methods. Not only is the mode of data collection different for the incidence estimates produced prior to the 1999 NHSDA, but the estimation methodology has been revised as well. The estimation methodology is described in Appendix B in Volume II and summarized below.

The incidence estimates are based on the NHSDA questions on age at first use, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. Using this information along with editing and imputation when necessary, an exact date of first use is determined for each substance used by each respondent. For age-specific incidence rates, the period of exposure is defined for each respondent and age group for the time that the respondent was in the age group during the calendar year. Incidents of first use also are classified by year of occurrence and age at the date of first use. By applying sample weights to incidents of first use, estimates of the number of new users of each substance for each year are developed. These estimates include new users at any age (including those younger than age 12) and also are shown for two specific age groups—youths aged 12 to 17 and young adults aged 18 to 25. In addition, the average age of new users in each year and age-specific rates of first use are estimated.

The incidence rates are presented in this report as the number of new users per 1,000 potential new users because they indicate the rate of new use among persons who have not yet used the substance (i.e., potential new users). More precisely, the rates are actually the number of new users per 1,000 person-years of exposure. This measure is widely used in describing the incidence of disease. The numerator of each rate is the number of persons in the age group who first used the substance in the year, while the denominator is the person-time exposure measured in thousands of years. Each person's drug-specific exposure time ends on the date of first use of the respective drug. For age-specific estimates, exposure is limited to time during the year that the person was in the age group. Persons who first used the substance in a prior year have zero exposure to first use in the current year, and persons who still have never used the substance by the end of the current year had a full year of exposure to risk.

Because the incidence estimates are based on retrospective reports of age at first substance use by survey respondents interviewed during 1999, 2000, and 2001, they may be subject to several sources of bias. These include bias due to differential mortality of users and nonusers of each substance, bias due to memory errors (recall decay and telescoping), and underreporting bias due to social acceptability and fear of disclosure. See Appendix B in Volume II for a discussion of these biases. As explained in Appendix B, it is possible that some of these biases, particularly telescoping and underreporting because of fear of disclosure, may be affecting estimates for the most recent years more significantly. To account for this bias in the interpretation of the trends, a more stringent standard for determining statistical significance involving estimates from the most recent years (1997 and later) is used in this chapter. Differences are reported to be statistically significant only if they differ at the $\alpha = .01$ level. The usual standard in the rest of the report is the $\alpha = .05$ level. This is an arbitrary standard that provides some protection against incorrect conclusions in the face of potential biases that can fluctuate and even change direction from year to year. A more thorough analysis of the problem will be conducted in the future.

Because the incidence estimates are based on retrospective reports of age at first use, the most recent year available for these estimates is 2000, based on the 2001 NHSDA. Estimates for the year 2000 are based only on data from the 2001 survey, estimates for the year 1999 are based only on data from the 2000 and 2001 surveys, and estimates for earlier years are based on the combined 1999 to 2001 data. For two of the measures, first alcohol use and first cigarette use, initiation before age 12 is common. A 2-year lag in reporting for "all ages" estimates is applied for these measures because the NHSDA sample does not cover youths under age 12. The 2-year lag ensures that initiation at ages 10 and 11 is captured in the estimation.

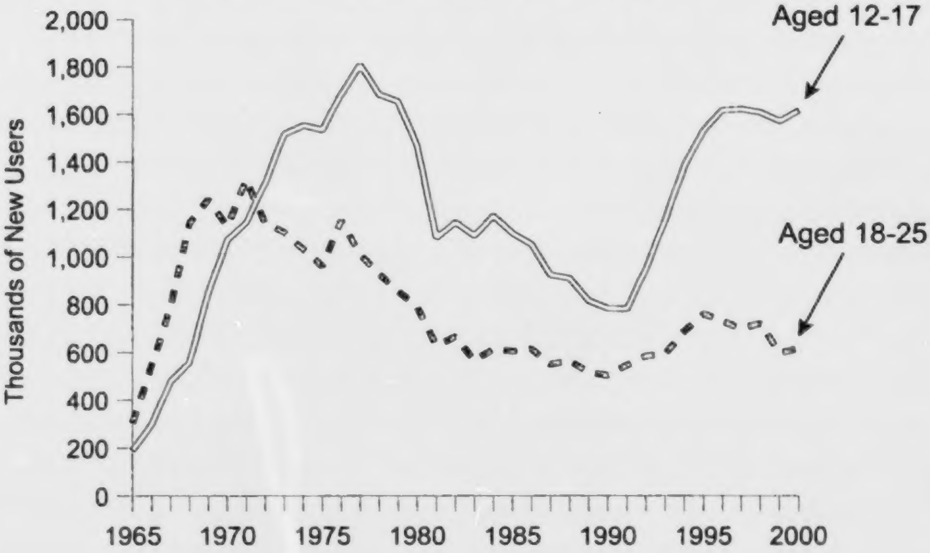
Marijuana

- In 1965, there were an estimated 0.6 million new users of marijuana. The annual number of marijuana initiates increased until reaching a peak in 1976 and 1977 (2 years before the past month prevalence rate among youths peaked in 1979) at around 3.2 million new users per year. After that, the number of initiates declined to 1.4 million in 1990 (2 years before the youth past month prevalence rate reached a low point in 1992). Between 1990 and 1996, the estimated annual number of new marijuana users increased steadily from 1.4 million to 2.5 million and has remained at this plateau since. An estimated 2.4 million Americans used marijuana for the first time in 2000.

- Prior to 1970, the majority of marijuana initiates each year were young adults aged 18 to 25 years. Since 1972, the number of new users among youths aged 12 to 17 years has been uniformly greater than among young adults. The number of marijuana initiates among 12 to 17 year olds steadily increased from 0.8 million in 1990 to a plateau of 1.6 million per year between 1996 and 2000 (Figure 5.1). Incidence among 18 to 25 year olds has generally held steady since 1990, ranging between 0.5 and 0.8 million initiates per year.

- The average age of initiation of marijuana use in 2000 was 17.5 years. The average age of marijuana initiates has generally declined since 1965.

Figure 5.1 Annual Numbers of New Users of Marijuana: 1965-2000



Cocaine

- Beginning in 1965, the estimated incidence of cocaine use rose steadily to its 1983 peak (1.5 million new users). Subsequently, the number of new users per year declined steadily until 1992 (0.5 million new users) and then began a steady increase to 0.9 million new users in 2000.

- Age-specific incidence rates generally have mirrored the overall incidence rate. The number of new users aged 18 to 25 reached a peak of 0.9 million in 1983, while the most recent low point for this group was 0.3 million from 1991 to 1994. Incidence among 12 to 17 year olds has not varied as greatly over the years, but peaked in 1980 at 0.3 million new users and reached a recent low point in 1991 with 90,000 new users.

- The 2000 estimates of the number of cocaine initiates and age-specific incidence rates were slightly larger than their 1999 counterparts, but none of the increases was statistically significant.

- The average age of cocaine initiates rose from 17.2 years in 1967 to 23.8 years in 1991 and subsequently declined to approximately 20 years from 1997 to 2000.

- The annual number of new cocaine users has generally increased over time. In 1975, there were 30,000 new users. The number increased from 300,000 in 1986 to 361,000 in 2000.

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Heroin

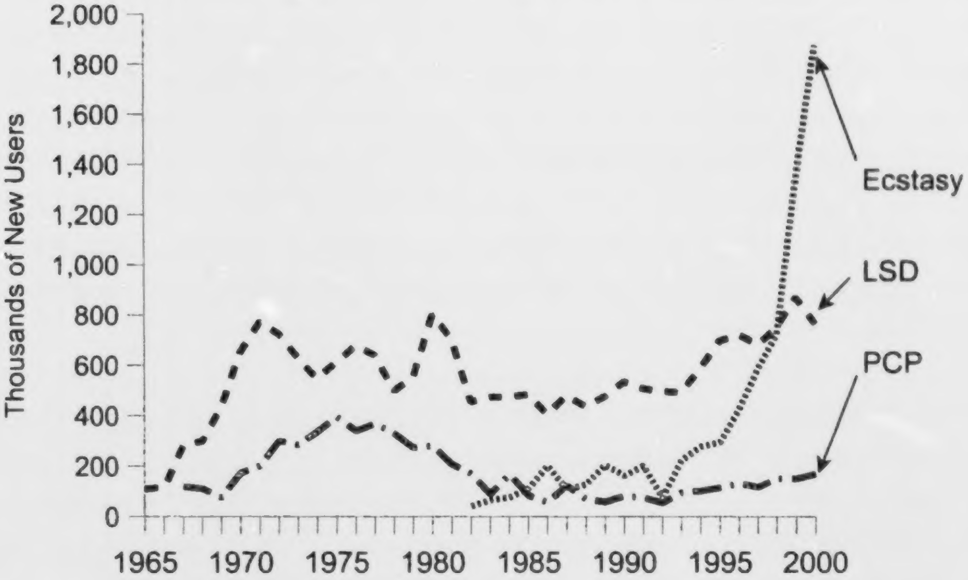
- During the 1990s, heroin incidence rates rose to a level not reached since the 1970s. The annual number of new users ranged from 55,000 to 69,000 between 1989 and 1992. However, there were 110,000 new heroin users in 1994 and 146,000 in 2000. Between 1975 and 1977, there were approximately 120,000 to 140,000 new users of heroin per year.

Hallucinogens

- The incidence of hallucinogen use has exhibited two notable periods of increase. Between 1965 and 1971, the number of initiates rose tenfold, from 90,000 to 900,000. The second period of increase began in 1990 when there were approximately 600,000 new users. By 2000, the number of initiates rose nearly threefold, to 1.5 million.

- Initiation of Ecstasy (i.e., MDMA) use has been rising steadily since 1992 (Figure 5.2). The increase from 1.3 million new users in 1999 to 1.9 million in 2000 was statistically significant, as were the age-specific increases among 12 to 17 year olds and 18 to 25 year olds. The increase from 1998 to 1999 also was statistically significant, from 0.7 million to 1.3 million new users, as were the age-specific increases.

Figure 5.2 Annual Numbers of New Users of Ecstasy, LSD, and PCP: 1965-2000



Inhalants

- Between 1994 and 2000, the number of new inhalant users increased more than 50 percent, from 618,000 new users in 1994 to 979,000 in 2000. These estimates were higher than a previous peak in 1978 (662,000 new users).

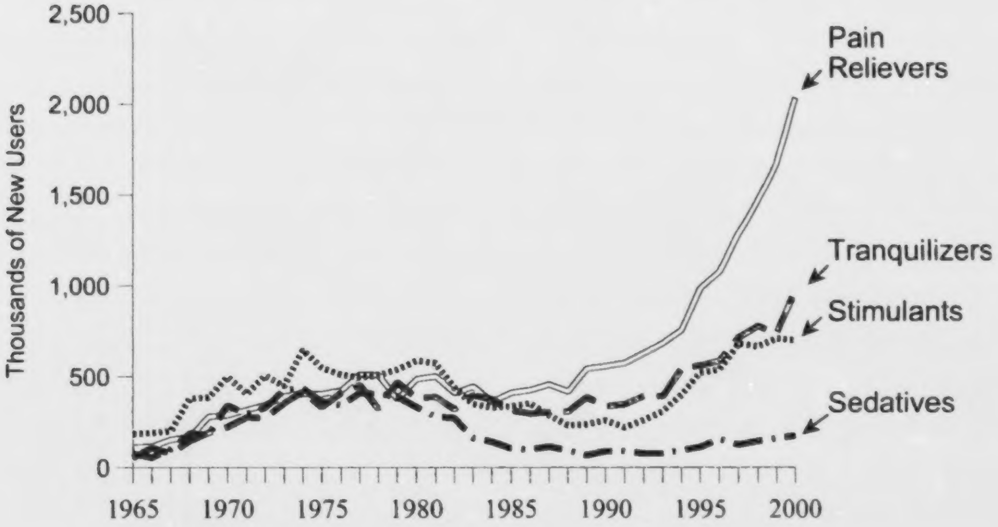
Psychotherapeutics

- This category includes nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; it also includes methamphetamines. This category does not include over-the-counter substances.

- Pain reliever incidence has been increasing since the mid-1980s when there were approximately 400,000 initiates annually. The number of initiates reached 2.0 million in 2000 (Figure 5.3). Between 1998 and 2000, there were significantly more new users among 12 to 17 year olds than among 18 to 25 year olds.

- First use of stimulants increased steadily during the last decade, from 219,000 in 1991 to 697,000 in 2000. Incidence levels this high had not been observed since the mid-1970s, when incidence peaked at 646,000 new users in 1974 (Figure 5.3).

Figure 5.3 Annual Numbers of New Nonmedical Users of Psychotherapeutics: 1965-2000



- Between 1994 and 2000, the number of new stimulants users among 12 to 17 year olds was significantly larger than the number among 18 to 25 year olds. This pattern was not observed prior to 1994.

- Incidence of methamphetamine use rose steadily between 1990 (164,000 new users) and 2000 (344,000 new users). Methamphetamine incidence was at its highest level in 1975 when there were 400,000 new users.

- Between 1973 and 1982, methamphetamine incidence exhibited a plateau of about 300,000 to 400,000 new users per year. During this period, the majority of new users were aged 18 to 25. The new users during the rise in incidence in the 1990s, however, were approximately evenly split between 12 to 17 year olds and 18 to 25 year olds. This shift in age distribution was reflected in the average age of new users, which fell from 22.3 years in 1990 to 18.4 years in 2000.

- Initiation of tranquilizer use has been increasing steadily since 1986. The number of initiates increased significantly from 734,000 in 1999 to 973,000 in 2000. Further, the age distribution of initiates shifted during the 1990s. In 1990, about 15 percent of initiates were youths aged 12 to 17; by the late 1990s, about one third of all initiates were youths.

- The number of sedatives initiates remained just under 100,000 per year between 1988 and 1994. In 1995, the number of initiates rose to 111,000 and continued increasing thereafter to 175,000 in 2000.

Alcohol

- Alcohol incidence has increased steadily since 1989. Between 1995 and 1999, the total number of initiates significantly increased from 3.5 million to 5.0 million. Between 1995 and 2000, the number of initiates aged 12 to 17 years significantly increased from 2.2 million to 3.1 million. The average age of initiation has generally decreased since 1965.

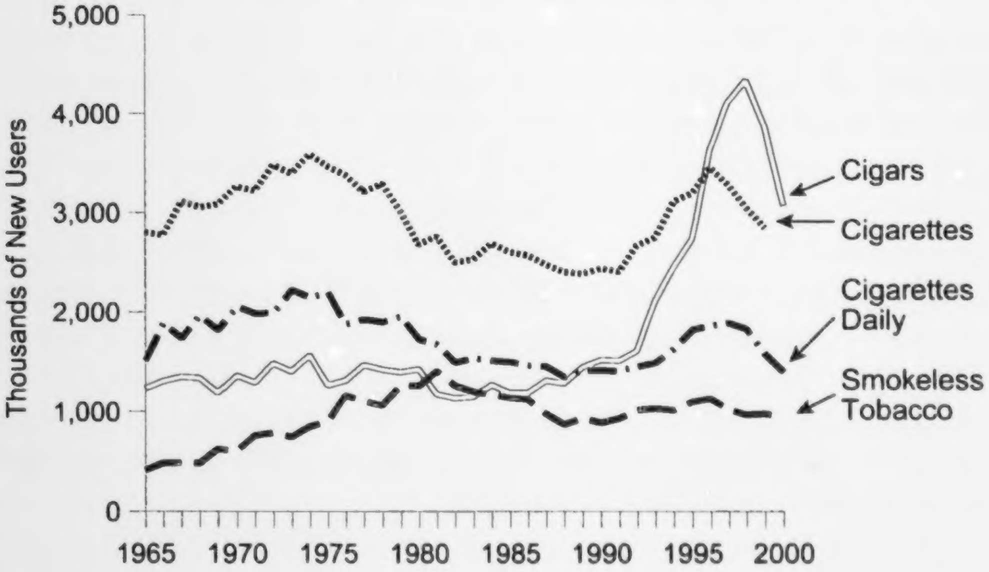
Tobacco

- Cigarette initiation increased from 2.4 million in 1991 to 3.5 million in 1996, then decreased to 2.8 million in 1999 (Figure 5.4). Initiation of cigarette use among youths aged 12 to 17 significantly decreased from 2.0 million in 1999 to 1.6 million in 2000, continuing a decline observed since 1996.

- Initiates of daily smoking increased from 1.4 million per year during the late 1980s to 1.9 million in 1997 and decreased back to 1.4 million in 2000. This pattern was mirrored in the incidence rates for 12 to 17 year olds and 18 to 25 year olds.

- The annual number of new daily smokers aged 12 to 17 decreased from 1.1 million in 1997 to 747,000 in 2000. This translates into a reduction from 3,000 per day to 2,000 per day in the number of youths who begin smoking on a daily basis.

Figure 5.4 Annual Numbers of New Users of Tobacco: 1965-2000



- The largest increase in initiation of cigar smoking occurred during the late 1980s to 1990s, from 1.3 million in 1988 to 4.3 million in 1998. After 1998, cigar initiation decreased to 3.1 million in 2000. From 1965 until 1996, there were more cigar initiates among 18 to 25 year olds than among 12 to 17 year olds. From 1997 to 2000, the number of new cigar users aged 12 to 17 exceeded the number of 18- to 25-year-old initiates.

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6. Prevention-Related Measures

The National Household Survey on Drug Abuse (NHSDA) includes an extensive set of risk and protective factors concerned with substance abuse prevention issues among youths aged 12 to 17. Risk factors include those individual characteristics or social environments associated with an increased likelihood of substance use, while protective factors are related to a decreased likelihood of substance use or to nonuse. These factors derive from circumstances, influences, and perceptions at many levels, such as the individual, peer, family, school, and community levels (Hawkins, Catalano, & Miller, 1992). A number of risk and protective factors have been shown to be correlated with youth use of cigarettes, alcohol, and other illicit drugs. One goal of youth prevention programs has been to identify those factors, and, subsequently, design programs that might affect them. Because individual attitudes and perceptions of substance use typically precede substance use, tracking risk and protective factors over time can provide an advance alert of increases and decreases in actual illicit drug, alcohol, and tobacco use.

A report based on the 1997 NHSDA data presented initial findings on a number of risk and protective factors for youth substance abuse (Lane, Gerstein, Huang, & Wright, 2001). A more comprehensive list of possible risk and protective factors was included in the 1999 NHSDA, and a report based on those data, including analyses that address the issue of the relative change in these factors over time and their impact on substance use, is in preparation (Wright & Pemberton, in press). The section below presents results from the 1999, 2000, and 2001 NHSDAs using data from all individuals aged 12 or older on perceptions of risk and availability of cigarettes, alcohol, and illicit drugs, as well as data from youths aged 12 to 17 on parental disapproval of youth substance use, participation in delinquent activities, and youth exposure to substance abuse prevention messages and programs. Following this, trends in substance use by risk and protective factors are presented.

Perceptions of Risk

- For persons aged 12 or older, the perceived risk of using cigarettes increased between 1999 and 2001, but perceptions of risk of a number of other substances decreased during the same period. For cigarettes, the percentage of persons aged 12 or older who indicated there was a great risk of smoking one or more packs per day rose from 66.7 percent in 1999, to 69.3 percent in 2000 and 71.0 percent in 2001. The increased perception of cigarette use risk in 2001 relative to 2000 can be attributed to the 26 or older age group (70.8 percent in 2000 to 73.0 percent in 2001), while differences in perceived risk from 2000 to 2001 in the younger age groups were not statistically significant (Figure 6.1).

- Of the remaining 10 questions related to perceived risk of substance use, 8 questions displayed decreases in perceived risk, and 2 others showed no change between 2000 and 2001 for persons aged 12 or older. Perceived great risk of smoking marijuana once or twice a week decreased from 56.4 percent in 2000 to 53.3 percent in 2001 (Figure 6.2). Perceived risk of using cocaine once or twice a week dropped from 90.8 to 90.0 percent. Similarly, perceived risks of trying heroin once or twice, trying LSD once or twice, and having five or more drinks once or twice a week all declined between 2000 and 2001.

- Among youths aged 12 to 17, there was a significant decline between 2000 and 2001 in the proportion reporting great risk in smoking marijuana once or twice a week, from 56.0 to 53.5 percent. There were no statistically significant differences between 2000 and 2001 in the percentages of youths reporting great risk of having five or more drinks once or twice a week or in the perception of risk of having four or five drinks nearly every day.

Availability

- The percentage of persons aged 12 or older indicating that it was fairly or very easy to obtain marijuana increased between 2000 and 2001 (54.8 to 56.6 percent), while differences in the perceived availability of cocaine, crack (not presented in figure), heroin, and LSD were not statistically significant (Figure 6.3). These trends were consistent across all age groups (12 to 17, 18 to 25, and 26 or older).

- The percentage of persons aged 12 or older who had been approached in the past month by someone selling drugs increased slightly between 2000 and 2001 from 7.4 to 7.8 percent.

Figure 6.1 Perceived Risk of Smoking One or More Packs of Cigarettes Per Day, by Age: 1999, 2000, and 2001

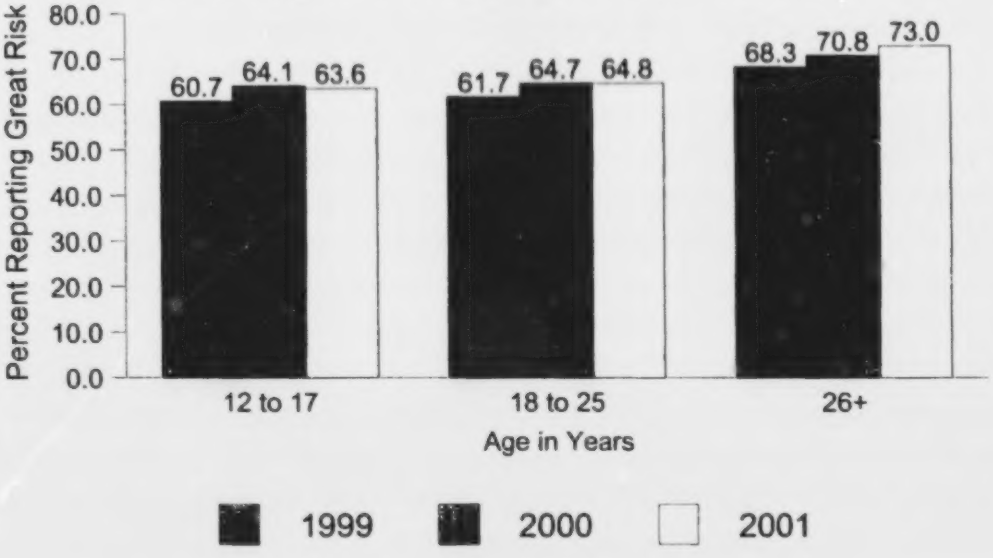


Figure 6.2 Perceived Risk of Substance Use among Persons Aged 12 or Older: 1999, 2000, and 2001

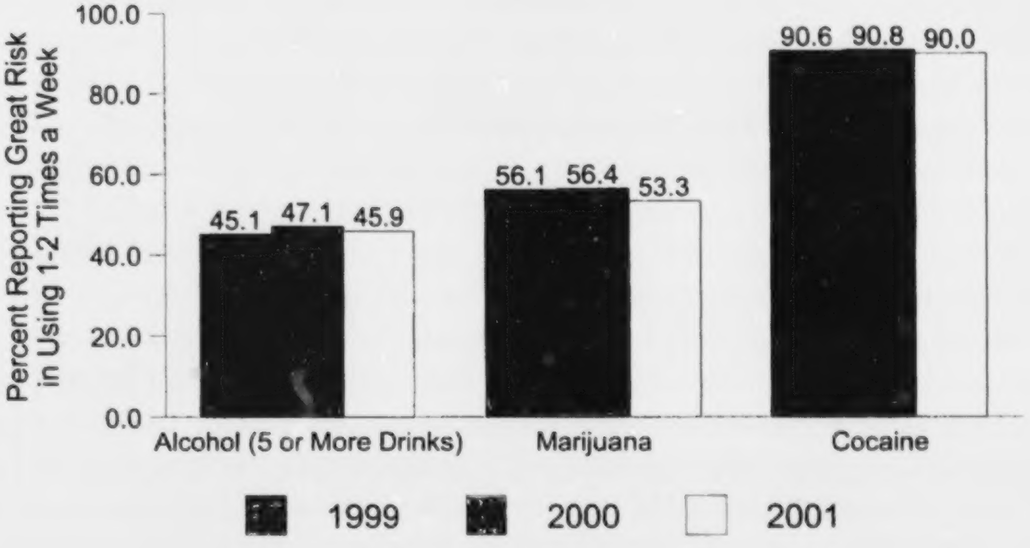
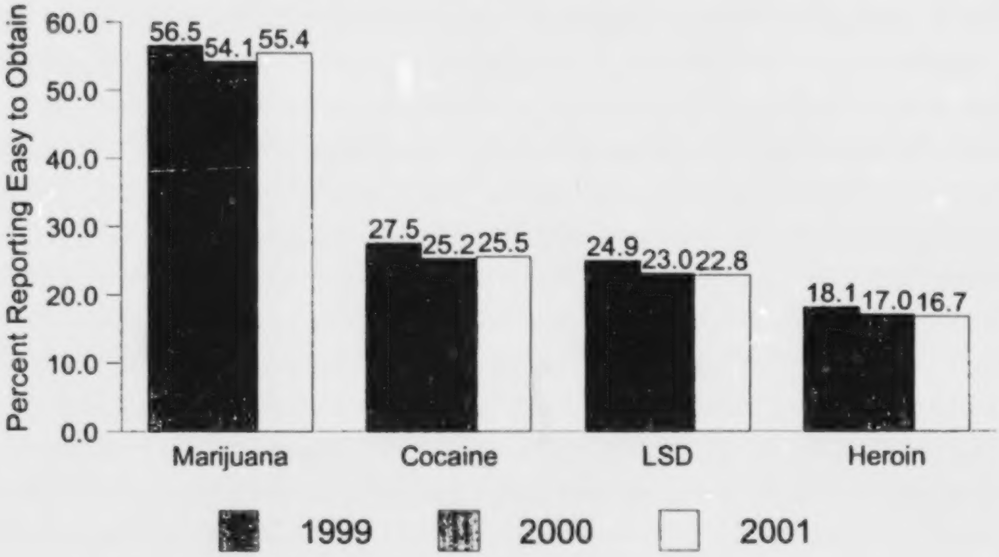


Figure 6.3 Perceived Availability of Drugs among Youths Aged 12 to 17: 1999, 2000, and 2001



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Parental Disapproval

- The percentage of youths aged 12 to 17 indicating that their parents would strongly disapprove of their smoking one or more packs of cigarettes per day increased from 87.8 percent in 2000 to 88.9 percent in 2001. The percentage of youths who felt that their parents would strongly disapprove if they had one or two drinks of an alcoholic beverage nearly every day increased from 87.9 percent in 2000 to 88.9 percent in 2001. The percentage reporting strong parental disapproval about trying marijuana or hashish once or twice remained consistent from 2000 to 2001 at 89.5 percent.

Delinquent Behaviors among Youths Aged 12 to 17

- Even though the percentage of youths who reported that they had gotten into a serious fight at work or school in the past year dropped from 21.9 percent in 1999 to 17.9 percent in 2000, there was an increase in 2001 to 18.9 percent. The percentage participating in a group-against-group fight one or more times in the past year was stable between 2000 and 2001 (15.0 percent).

- Although a small percentage of youths reported that they had carried a handgun one or more times in the past year, the percentages were not significantly different in 2000 and 2001 (2.9 and 3.1 percent, respectively). The percentage of youths who reported selling drugs in the past year also remained stable between 2000 and 2001 at about 3.5 percent.

- Since 1999, there has been a slight decline in the percentage of youths who reported having stolen or having tried to steal something worth $50 or more at least once in the past year. The percentage fell between 1999 (4.8 percent) and 2000 (4.3 percent) and remained at a similar level in 2001 (4.1 percent).

- Since 1999, there has been a drop in the percentage of youths reporting that they had attacked someone with the intent to seriously hurt them during the past year. The percentage fell from 1999 (8.4 percent) to 2000 (7.5 percent), but remained stable in 2001 (7.8 percent).

Youth Exposure to Prevention Messages and Programs

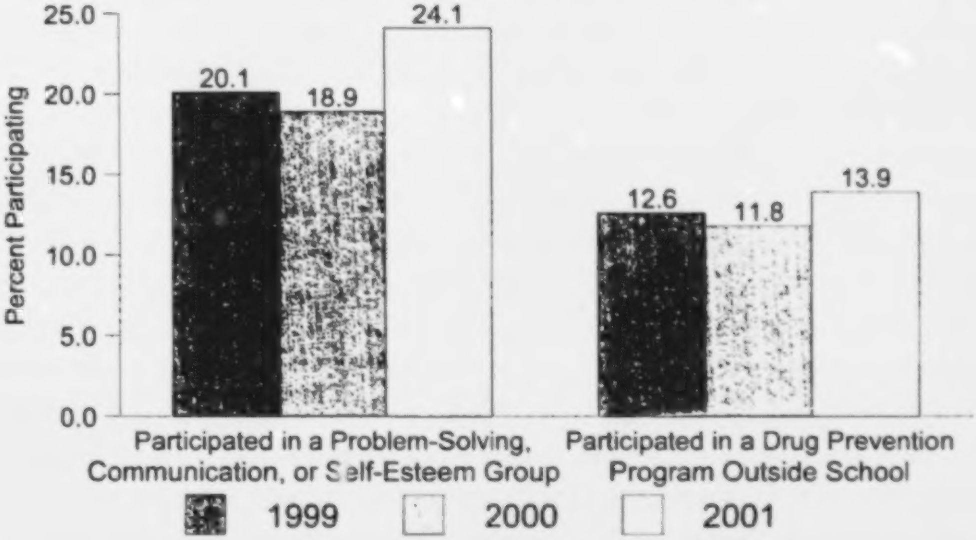
- In 2001, a majority (82.8 percent) of youths aged 12 to 17 reported having seen or heard alcohol or drug prevention messages outside of school in the past year. This represents a slightly larger percentage than in 2000 (81.9 percent).

- Among youths aged 12 to 17 in 2001 who reported being enrolled in school during the past 12 months, 77.6 percent reported having seen or heard drug or alcohol prevention messages in school during that period. This percentage was similar to the percentages in both 1999 (77.6 percent) and 2000 (77.9 percent).

- In 2001, a slightly smaller percentage of youths aged 12 to 17 (55.9 percent) indicated that they had talked with a parent in the past year about the dangers of tobacco, alcohol, or drug use than in 2000 (57.6 percent).

- The percentage of youths aged 12 to 17 who participated in a problem-solving, communication, or self-esteem group in 2001 (24.1 percent) was considerably higher than the percentage reporting this in 2000 (18.9 percent) (Figure 6.4). The percentage who had participated in a drug prevention program outside of school was higher in 2001 (13.9 percent) than in 2000 (11.8 percent).

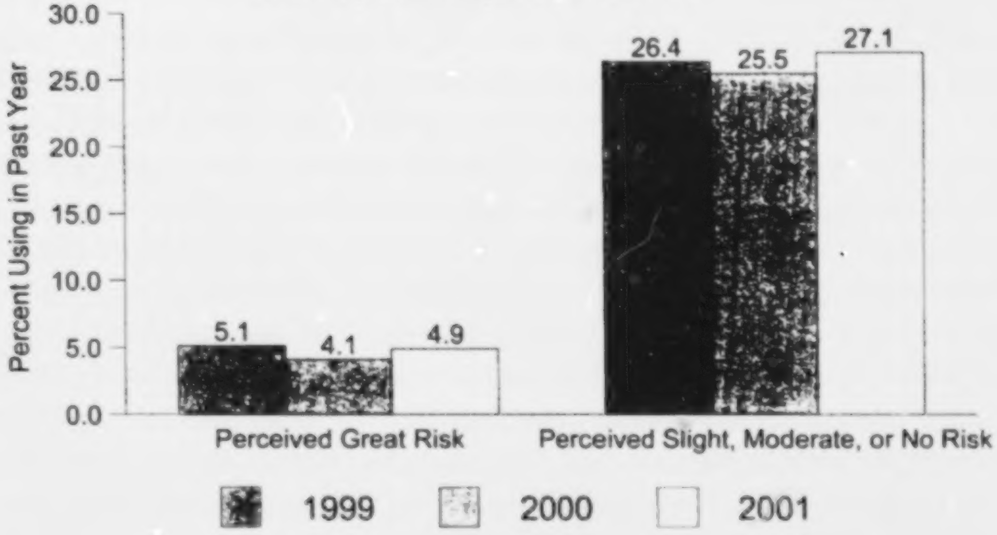
Figure 6.4 Participation in Drug and Alcohol Prevention Programs among Youths Aged 12 to 17 in the Past Year: 1999, 2000, and 2001



Trends in Substance Use, by Risk and Protective Factors

- Concurrently with a decrease in the percentages of youths aged 12 to 17 who perceived a great risk in smoking marijuana once or twice a week (from 56.0 percent in 2000 to 53.5 percent in 2001), past year use of illicit drugs among youths who perceived a great risk in smoking marijuana weekly increased from 8.3 percent in 2000 to 9.6 percent in 2001. During that same period, their prevalence rates for past year use of marijuana increased from 4.1 to 4.9 percent (Figure 6.5). Compared with youths who perceived a great risk of using marijuana once or twice a week, youths who did not perceive a great risk had higher rates of substance use and had increases in past year substance use between 2000 and 2001. For example, the rate of past year use of illicit drugs among youths who did not perceive great risk of marijuana use increased from 32.1 percent in 2000 to 33.9 percent in 2001. Past year use of marijuana rose during the same period from 25.5 to 27.1 percent.

Figure 6.5 Past Year Marijuana Use among Youths Aged 12 to 17, by Perceived Risk of Smoking Marijuana Weekly: 1999, 2000, and 2001



- Among those youths aged 12 to 17 who reported that marijuana was fairly or very easy to obtain (over 50 percent of all youths), the rate of past month marijuana use increased from 12.5 percent in 2000 to 13.6 percent in 2001.

- Youth aged 12 to 17 who indicated that they had been approached in the past month by someone selling drugs (about 16 percent of all youths) reported levels of past month use of illicit drugs that were higher in 2001 (32.9 percent) than in 2000 (31.7 percent), but the difference was not statistically significant. However, youths who indicated that they were not approached in the past month by someone selling drugs reported a statistically significant increase in past month use of illicit drugs—from 5.5 percent in 2000 to 6.5 percent in 2001.

- Among the approximately 80 percent of youths aged 12 to 17 who strongly or somewhat disapproved of someone their own age trying marijuana once or twice, past month use of marijuana increased slightly from 2.5 percent in 2000 to 3.1 percent in 2001.

- In 2000, 11.8 percent of youths aged 12 to 17 participated in an alcohol, tobacco, or drug prevention program outside of school. That percentage rose slightly in 2001 to 13.9 percent. The rates of past month illicit drug use among participating youths were not statistically different in those years (10.9 percent in 2000 and 10.8 percent in 2001). Those who had not participated in such a program reported an increase in past month use of illicit drugs from 9.5 percent in 2000 to 10.7 percent in 2001.

7. Substance Dependence, Abuse, and Treatment

Since 2000, the National Household Survey on Drug Abuse (NHSDA) has included a series of questions to assess dependence on and abuse of substances, as well as questions asking whether respondents had received treatment for a problem related to substance abuse. The dependence and abuse questions are designed to measure dependence and abuse based on the criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994). The questions on dependence ask about health, emotional problems, attempts to cut down on use, tolerance, withdrawal, and other symptoms associated with substances used. The questions on abuse ask about problems at work, home, and school; problems with family or friends; physical danger; and trouble with the law due to substances used. Dependence reflects a more severe substance problem than abuse, and persons are classified with abuse of a particular substance only if they are not dependent on that substance. This chapter provides estimates of the prevalence and patterns of dependence and abuse on illicit drugs and alcohol in the Nation from the 2001 NHSDA. It also provides estimates of the prevalence and patterns of the receipt of treatment for problems related to substance use. A third section of this chapter discusses the need for and receipt of treatment specifically for problems associated with illicit drug use.

Because of changes in 2000 in the NHSDA questionnaire and the definitions employed for determining treatment need, the estimates presented in this chapter are not comparable with NHSDA estimates of dependence, abuse, treatment, or treatment need produced from the 1999 and earlier NHSDAs. However, because the questions and definitions employed for determining treatment need were the same in 2000 and 2001, the estimates in this chapter are comparable with estimates from the 2000 NHSDA. Trends in the estimates of dependence, abuse, treatment, and treatment need between 2000 and 2001 are discussed in this chapter.

7.1 Substance Dependence and Abuse

- Overall, an estimated 16.6 million Americans aged 12 or older in 2001 were classified with dependence on or abuse of either alcohol or illicit drugs (7.3 percent of the total population). Of these, 2.4 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.2 million were dependent on or abused illicit drugs but not alcohol, and 11.0 million were dependent on or abused alcohol but not illicit drugs (Figure 7.1).

- Of the 16.6 million persons with substance dependence or abuse in 2001, about half (8.2 million) were substance dependent. Of these, 0.9 million were classified with dependence on both alcohol and illicit drugs, 4.5 million were classified with dependence on alcohol but not illicit drugs, and 2.7 million were classified with dependence on illicit drugs but not alcohol.

- The number of persons with substance dependence or abuse increased from 14.5 million (6.5 percent of the population) in 2000 to 16.6 million (7.3 percent) in 2001 (Figure 7.1).

- Among the 5.6 million Americans classified with dependence on or abuse of illicit drugs, there were 3.5 million Americans classified with dependence on or abuse of marijuana (1.5 percent of the total population and 62.0 percent of those classified with dependence on or abuse of illicit drugs).

- Among past year users of heroin in 2001, 50.0 percent (0.2 million were classified with dependence on or abuse of heroin. Among users of cocaine, 24.9 percent (1.0 million) were classified with dependence on or abuse of cocaine. Among past year users of marijuana, 16.5 percent (3.5 million) were classified with dependence on or abuse of marijuana. Among past year users of pain relievers, 11.8 percent (1.0 million) were classified with dependence on or abuse of pain relievers.

- There were 13.4 million persons classified with dependence on or abuse of alcohol (5.9 percent of the total population). Among past year users of alcohol, 9.3 percent were classified with alcohol dependence or abuse.

- The percentage of the population with dependence on or abuse of illicit drugs increased from 2000 to 2001 (1.9 to 2.5 percent). There were significant increases from 2000 to 2001 in the rates for illicit drug abuse (0.7 to 0.9 percent) as well in the rates for illicit drug dependence (1.2 to 1.6 percent). There were significant increases in the percentage of the population with dependence on or abuse of marijuana and hashish (1.3 to 1.5 percent) and the percentage of the population with dependence on or abuse of pain relievers (0.3 to 0.4 percent).

- The percentage of the population with dependence on or abuse of alcohol also increased from 2000 to 2001 (5.4 to 5.9 percent). There was a significant increase from 2000 to 2001 in the rate for alcohol abuse (3.1 to 3.5 percent) but not in the rate for alcohol dependence (2.3 to 2.4 percent).

Age at First Use

- Adults who first used drugs at a younger age are more likely to be classified with dependence on or abuse of drugs than adults who initiated use at a later age. Among those who first tried marijuana at age 14 or younger, 11.8 percent were classified with dependence on or abuse of an illicit drug in the past year compared with only 2.1 percent of adults who had first used marijuana at age 18 or older. This pattern of higher rates of dependence or abuse among persons initiating their use of marijuana at younger ages was observed by demographic subgroups, as well as separately for rates of dependence and rates of abuse (Figure 7.2). A similar pattern was observed for age at first use of alcohol and dependence on or abuse of alcohol among adults.

Figure 7.1 Past Year Substance Dependence or Abuse among Persons Aged 12 or Older: 2000 and 2001

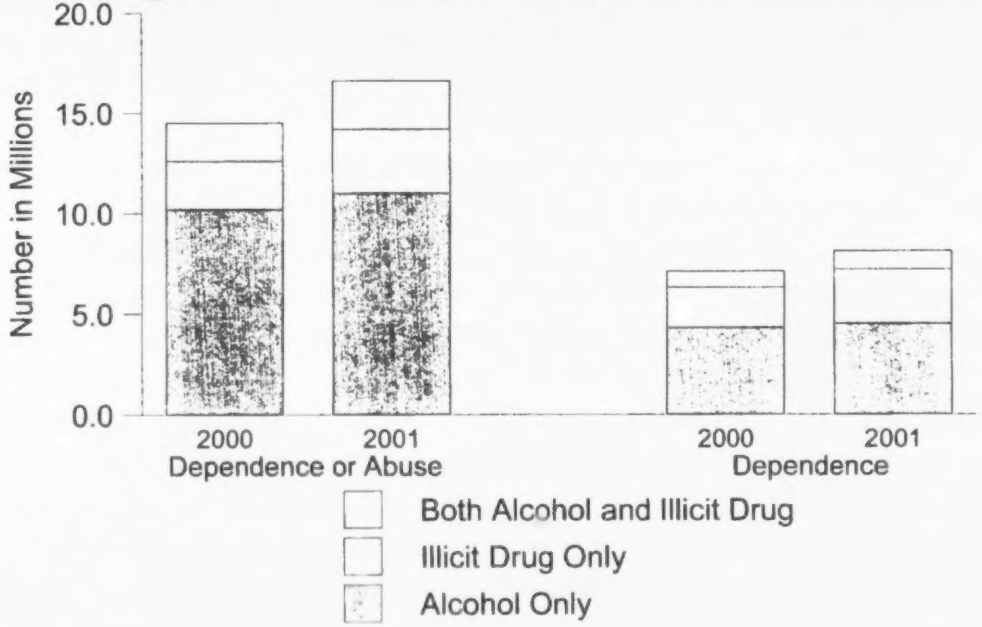
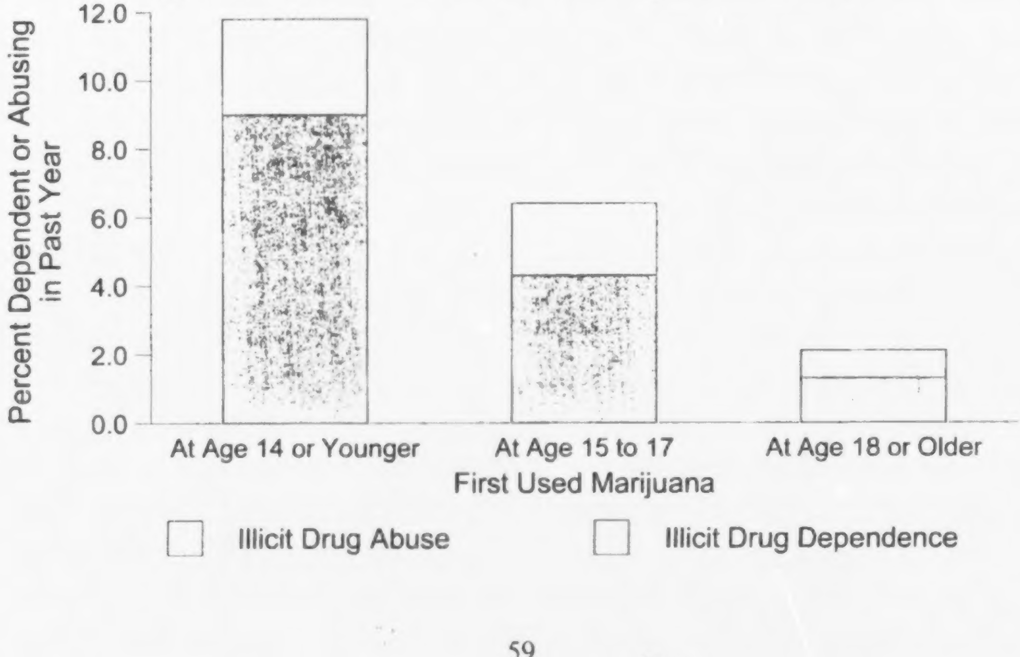


Figure 7.2 Past Year Illicit Drug Dependence or Abuse among Adults, by Age at First Use of Marijuana: 2001

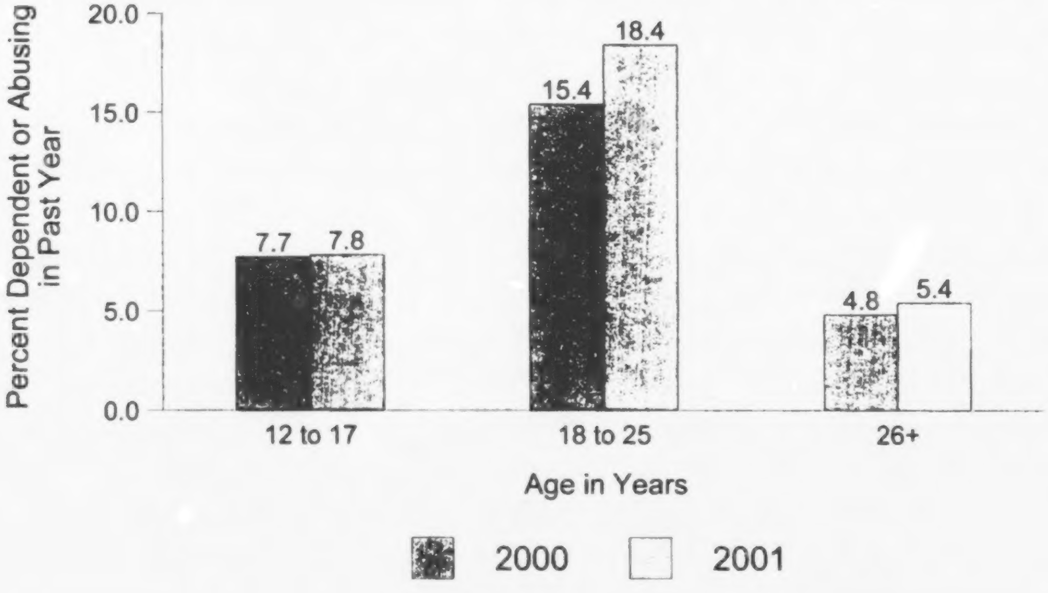


Age

- Rates for illicit drug or alcohol dependence or abuse show substantial variation by age. The rate for illicit drug or alcohol dependence or abuse was 0.9 percent at age 12, and rates increased with age until the highest rate (22.8 percent) was reached at age 21. After age 21, the rates declined with age. The rate for persons aged 26 or older was 5.4 percent; the rate for persons aged 18 to 25 was 18.4 percent; and the rate for youths aged 12 to 17 was 7.8 percent.

- There were statistically significant increases in the rates of illicit drug or alcohol dependence or abuse from 2000 to 2001 among persons aged 18 to 25 (15.4 to 18.4 percent) and among persons aged 26 or older (4.8 to 5.4 percent). For youths aged 12 to 17, rates were similar in 2000 and 2001 (7.7 and 7.8 percent) (Figure 7.3).

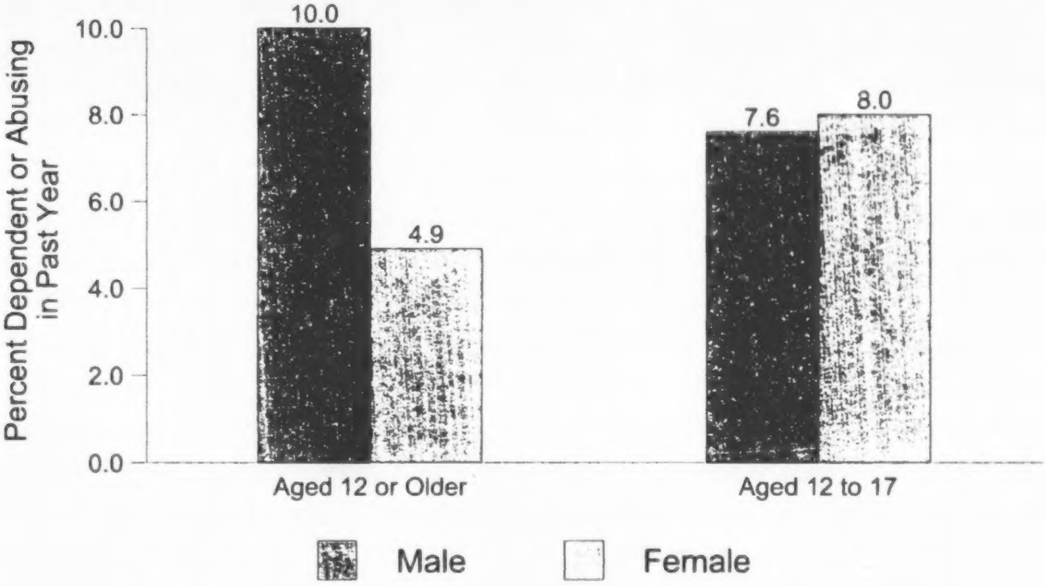
Figure 7.3 Past Year Illicit Drug or Alcohol Dependence or Abuse among Persons Aged 12 or Older, by Age: 2000 and 2001



Gender

- Males are twice as likely to be classified with dependence on or abuse of illicit drugs or alcohol as females. Among males, 10.0 percent were classified with illicit drug or alcohol dependence or abuse, while 4.9 percent of females were classified with illicit drug or alcohol dependence or abuse (Figure 7.4).

Figure 7.4 Past Year Illicit Drug or Alcohol Dependence or Abuse, by Age and Gender: 2001



- Among youths aged 12 to 17 in 2001, however, the rate of illicit drug or alcohol dependence or abuse among females (8.0 percent) was similar to the rate among males (7.6 percent) (Figure 7.4).

- Between 2000 and 2001, the rate of illicit drug or alcohol dependence or abuse increased among males aged 12 or older (from 8.9 to 10.0 percent) and among females aged 12 or older (from 4.2 to 4.9 percent).

Race/Ethnicity

- Among persons aged 12 or older in 2001, the rates for illicit drug or alcohol dependence or abuse were highest among American Indians/Alaska Natives (13.9 percent) and among persons reporting more than one race (12.6 percent). Asians and Native Hawaiians or other Pacific Islanders had the lowest rates for illicit drug or alcohol dependence or abuse (3.7 and 4.9 percent, respectively). Among whites, the rate was 7.5 percent, among blacks, 6.2 percent, and among Hispanics, 7.8 percent.

- Between 2000 and 2001, there were increases in the rates of illicit drug or alcohol dependence or abuse for most racial/ethnic groups, but the increase was statistically significant only among whites (from 6.6 to 7.5 percent).

Education/Employment

- Illicit drug or alcohol dependence or abuse is associated with educational status. Among adults aged 18 or older in 2001, those who had not completed high school had the highest rate of illicit drug or alcohol dependence or abuse (8.2 percent), while college graduates had the lowest rate of illicit drug or alcohol dependence or abuse (6.1 percent). This association is due primarily to the strong association between illicit drug dependence or abuse with education (3.7 percent for adults with less than a high school education vs. 0.9 percent for college graduates). There is no clear association between education and alcohol dependence or abuse.

- Rates of illicit drug or alcohol dependence or abuse are associated with current employment status. An estimated 15.4 percent of unemployed adults 18 or older in 2001 were classified with dependence on or abuse of illicit drugs or alcohol, while 7.9 percent of full-time employed adults were classified as such.

- Most adults with substance dependence or abuse are employed either full or part time. Among the 14.7 million adults with dependence or abuse, 11.3 million (77 percent) were employed.

Geographic Area

- Rates of illicit drug or alcohol dependence or abuse among persons aged 12 or older varied by geographic division in 2001. The lowest rate of illicit drug or alcohol dependence or abuse was observed in the East South Central division (6.0 percent), and the highest rate was in the New England division (9.1 percent).

- In 2001, the rate for illicit drug or alcohol dependence or abuse was lowest in less urbanized nonmetropolitan counties (6.0 percent) and highest in small metropolitan counties and urbanized nonmetropolitan counties (7.7 percent) (Figure 7.5).

- Among youths aged 12 to 17 in 2001, the rate of illicit drug or alcohol dependence or abuse was highest for completely rural counties (11.0 percent) and lowest for counties in large metropolitan areas (7.4 percent) and counties in metropolitan areas with a population between 250,000 and 1 million (7.4 percent).

7.2 Treatment for a Substance Use Problem

Estimates described in this section refer to treatment received to reduce or stop drug or alcohol use, or for medical problems associated with the use of drugs or alcohol. This includes treatment received in the past year at any location, such as in a hospital, at a rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail. The definition of treatment in this section is different from the definition of treatment used in measuring the drug abuse treatment gap, which is described in Section 7.3 and excludes treatment at an emergency room, private doctor's office, self-help group, prison or jail, or at a hospital as an outpatient.

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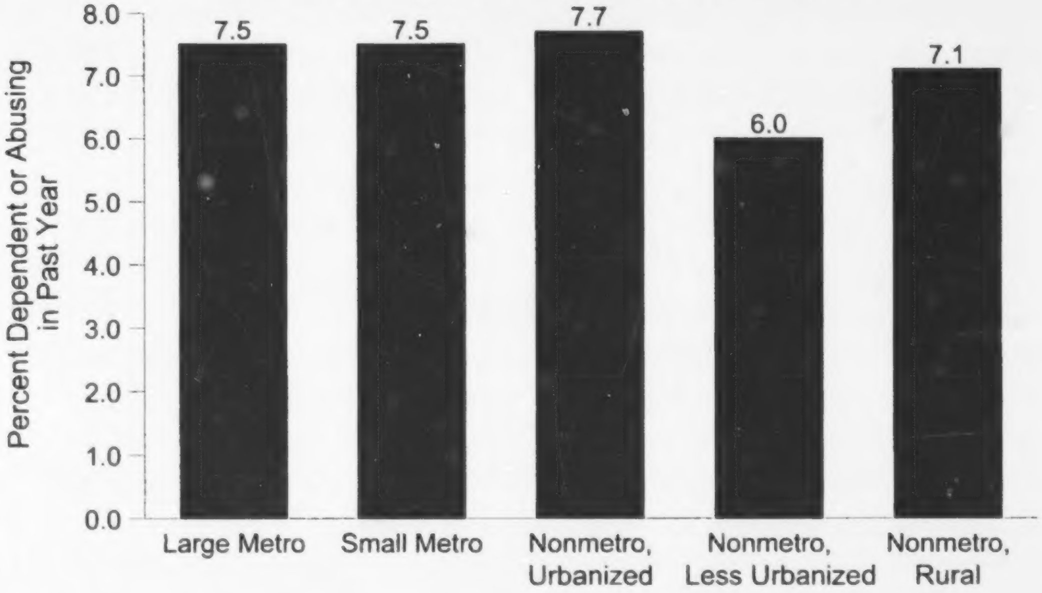


Figure 7.5 Past Year Illicit Drug or Alcohol Dependence or Abuse among Persons Aged 12 or Older, by County Type: 2001

- An estimated 3.1 million people aged 12 or older (1.4 percent of the population) received some kind of treatment for a problem related to the use of alcohol or illicit drugs in the 12 months prior to being interviewed in 2001. Of these, 1.2 million received treatment for both alcohol and illicit drugs, 0.5 million received treatment for illicit drugs but not alcohol, and 1.0 million received treatment for alcohol but not illicit drugs. (Estimates by substance do not add to the total because the total includes persons who reported receiving treatment but did not report which substance the treatment was for.)

- Between 2000 and 2001, there was no statistically significant change in the number of persons aged 12 or older receiving treatment for alcohol or illicit drugs (2.8 to 3.1 million persons). There was also no significant change in the number receiving treatment for alcohol (2.1 to 2.2 million persons). However, between 2000 and 2001, the number receiving treatment for illicit drugs increased significantly from 1.3 million (0.6 percent) to 1.7 million (0.8 percent).

- Among persons aged 12 or older in 2001, males were more likely than females to receive treatment for an alcohol or illicit drug problem in the past year (1.9 vs. 0.9 percent). Among youths aged 12 to 17, the percentage of males who received treatment for an alcohol or illicit drug problem was 1.8 percent, and the percentage of females who received treatment was 1.3 percent.

- Among persons aged 12 or older in 2001, the rate of alcohol or illicit drug treatment during the 12 months prior to the interview was highest among American Indians/Alaska Natives (4.4 percent) and persons reporting more than one race (3.1 percent) and lowest among Asians (0.4 percent).

- The rate of alcohol or illicit drug treatment among persons aged 12 or older in 2001 was higher in metropolitan areas (1.5 percent) than in nonmetropolitan areas (1.0 percent).

- Among the 3.1 million persons aged 12 or older who received treatment for alcohol or illicit drugs in the past year, 1.6 million received treatment at a self-help group (Figure 7.6). There were 1.2 million people who received treatment at a rehabilitation facility as an outpatient, 869,000 who received treatment at a rehabilitation facility as an inpatient, 727,000 at a mental health center as an outpatient, 709,000 as a hospital inpatient, 437,000 at a private doctor's office, 384,000 at an emergency room, and 176,000 at a prison or jail. (Note that the estimates of treatment by location include persons reporting more than one location.)

- Among the 3.1 million persons who received treatment for alcohol or drugs in the past year, nearly 2.0 million received treatment for alcohol during their most recent treatment (Figure 7.7). An estimated 852,000 persons received treatment for marijuana, and 554,000 persons received treatment for cocaine. (Note that the estimates of treatment by substance include persons reporting for more than one substance.)

7.3 Needing and Receiving Treatment for an Illicit Drug Problem

This section addresses the need for and receipt of treatment for an illicit drug problem. It includes estimates of the drug abuse "treatment gap," which is defined as those persons who needed treatment for an illicit drug problem in the past year but did not receive treatment. An individual is defined as needing treatment if he or she is dependent on or has abused an illicit drug or received treatment for an illicit drug problem at a "specialty" substance abuse facility in the past 12 months. "Specialty" substance abuse facilities include drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers.

- Between 2000 and 2001, there was a significant increase in the estimated number of persons aged 12 or older needing treatment for an illicit drug problem. The number of persons needing treatment increased from 4.7 million people (2.1 percent of the total population) to 6.1 million people (2.7 percent of the population) (Figure 7.8). Between 2000 and 2001, there also was a significant increase in the number of people receiving treatment for an illicit drug problem at a specialty facility. The number increased from 0.8 million people (16.6 percent of the people who needed treatment) to 1.1 million people (17.3 percent of the people who needed treatment).

- The drug abuse treatment gap was estimated to be 5.0 million people in 2001, or 2.2 percent of the total population aged 12 or older, compared with 3.9 million (1.7 percent) in 2000.

Figure 7.6 Past Year Treatment Received at Specific Locations among Persons Aged 12 or Older Who Received Any Illicit Drug or Alcohol Treatment in the Past Year: 2001

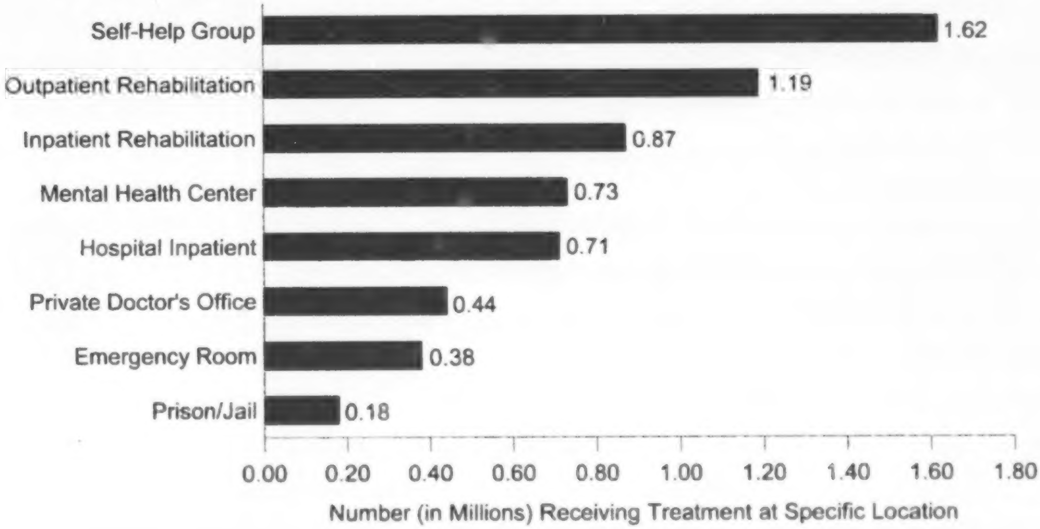


Figure 7.7 Substances for Which Persons Received Treatment among Persons Aged 12 or Older Who Received Any Illicit Drug or Alcohol Treatment in the Past Year: 2001

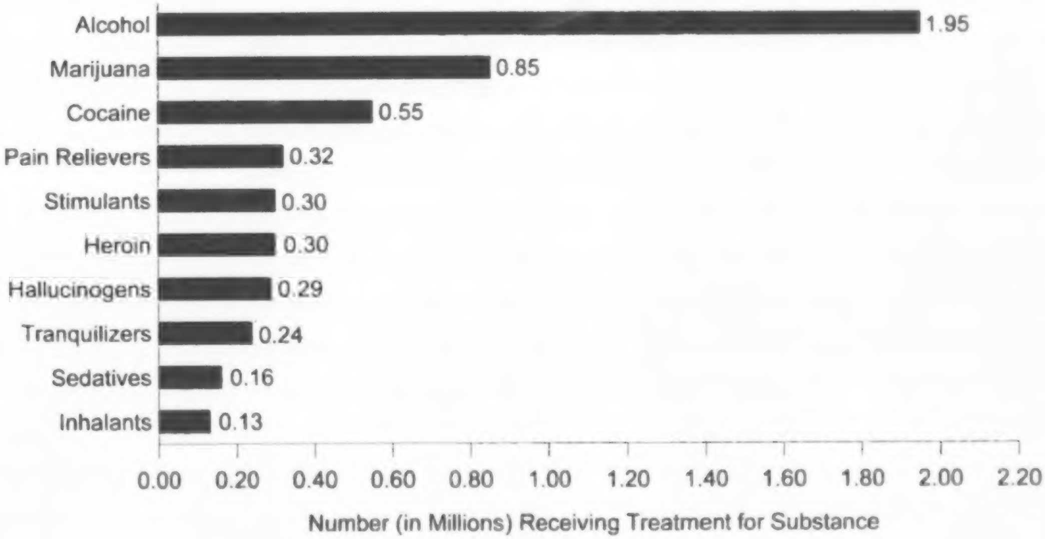
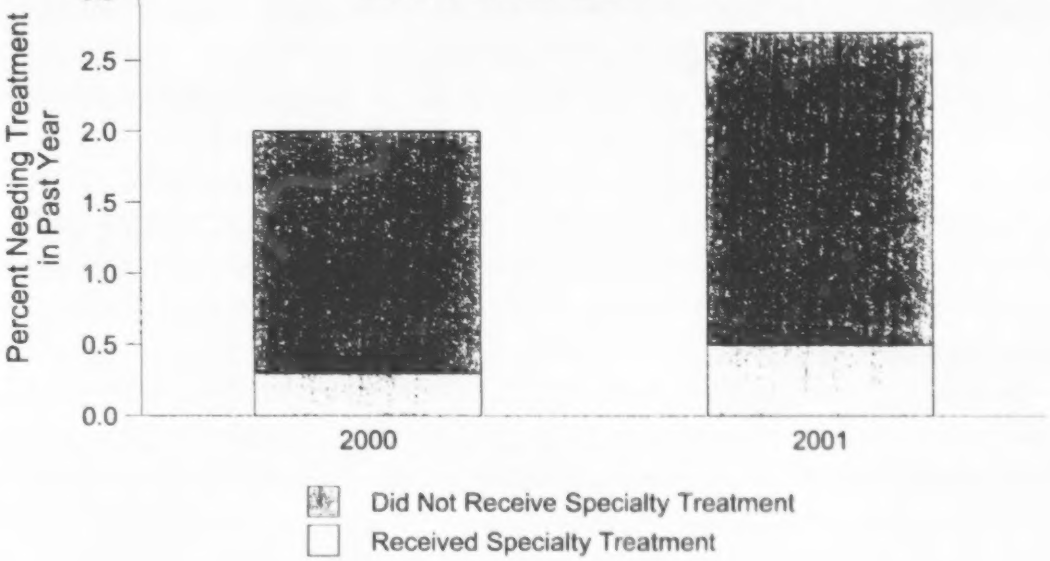


Figure 7.8 Past Year Illicit Drug Abuse Need for and Receipt of Specialty Treatment among Persons Aged 12 or Older: 2000 and 2001



- Of the 5.0 million people who needed but did not receive treatment in 2001, an estimated 377,000 reported that they felt they needed treatment for their drug problem. This includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

Age

- For youths aged 12 to 17, an estimated 1.1 million persons (4.9 percent of this population) needed treatment for an illicit drug abuse problem in 2001. Of this group, only 0.1 million people (10.2 percent of youths aged 12 to 17 who needed treatment) received treatment, leaving an estimated treatment gap for youths of 1.0 million.

- For youths, there was no statistically significant change from 2000 to 2001 in the estimated number who needed and received treatment for an illicit drug abuse problem.

Gender

- Among persons aged 12 or older in 2001, the percentage of males needing treatment for an illicit drug problem was higher than the percentage of females needing treatment (3.5 vs. 1.9 percent). On the other hand, the percentage receiving specialty treatment among those needing treatment was higher for females than males (21.8 vs. 14.6 percent).

- Among youths aged 12 to 17 in 2001, the percentage of males needing treatment for an illicit drug problem was almost equal to the percentage of females needing treatment (4.9 vs. 4.8 percent). The percentage receiving specialty treatment among youths needing treatment was higher for males than females (11.4 vs. 8.8 percent). This is not a statistically significant difference.

Race/Ethnicity

- In 2001, 2.6 percent of whites aged 12 or older needed treatment for an illicit drug problem. Among these whites needing treatment, 15.0 percent received treatment at a specialty facility. Among blacks, 3.1 percent needed treatment for an illicit drug problem, and among Hispanics 3.3 percent needed treatment. Among blacks needing treatment, 28.7 percent received treatment, but among Hispanics needing treatment, only 15.9 percent received treatment.

Geographic Area

- Similar to rates for illicit drug dependence or abuse, the rate needing treatment among persons aged 12 or older was lowest in the West North Central division (1.8 percent) and highest in the Pacific division (4.0 percent) in 2001.

- The percentage of persons needing treatment for an illicit drug problem in 2001 was higher in large metropolitan counties (2.9 percent) than in nonmetropolitan counties (2.2 percent).

8. Prevalence and Treatment of Mental Health Problems

This chapter presents national estimates of the prevalence and characteristics of persons with serious mental illness (SMI) and of persons who received treatment for mental health problems. The 2001 National Household Survey on Drug Abuse (NHSDA) included a new series of questions designed to assess SMI among adults aged 18 or older. Since 2000, the NHSDA has included questions on mental health treatment and counseling. Separate questions are asked for adults and for youths aged 12 to 17, and different definitions are applied. Both the youth and the adult questions specifically exclude treatment for problems with substance use, which is covered elsewhere in the interview. Because the survey represents the civilian, noninstitutionalized population, persons who reside in long-term psychiatric or other institutions at the time of interview are excluded from the sample and from the estimates presented in this chapter.

8.1 Serious Mental Illness

This section presents national estimates of the prevalence and characteristics of adults who had SMI in 2001. SMI is defined for this report as having at some time during the past year a diagnosable mental, behavioral, or emotional disorder that met the criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. A scale consisting of six NHSDA questions is used to measure SMI. These questions ask how frequently a respondent experienced symptoms of psychological distress during the 1 month in the past year when he or she was at his or her worst emotionally. Use of this scale to estimate SMI is supported by methodological research that determined the scale to be a good predictor of SMI, based on clinical assessments done on survey respondents (Kessler et al., in press). The six questions and more discussion of this scale are given in Section B.5 of Appendix B in Volume II.

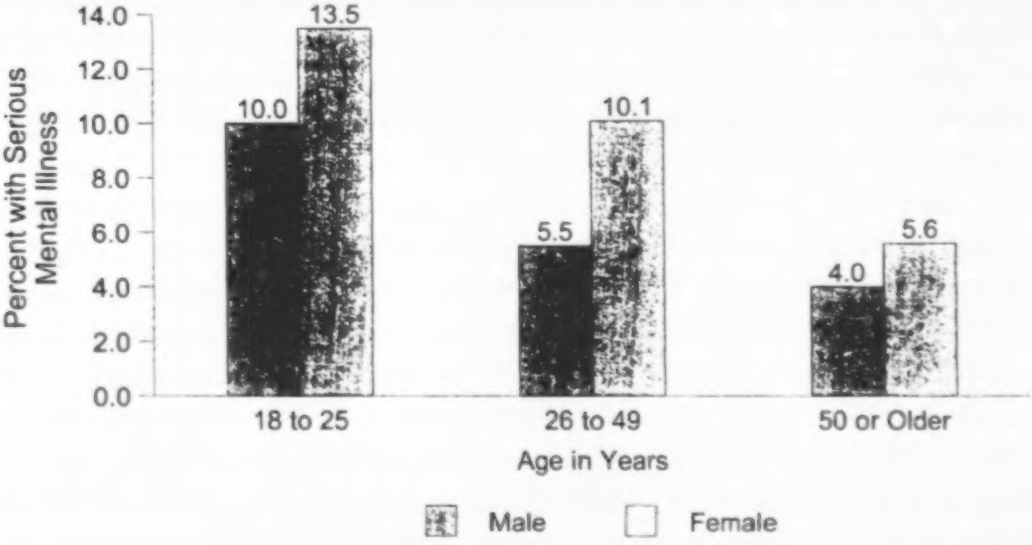
Prevalence of Serious Mental Illness

- In 2001, there were an estimated 14.8 million adults aged 18 or older with SMI. This represents 7.3 percent of all adults aged 18 or older.

- Rates of SMI were highest for persons aged 18 and generally decreased for each successive year of age after 18. The rate was 11.7 percent among persons aged 18 to 25, 7.9 percent among persons aged 26 to 49, and 4.9 percent among persons aged 50 or older.

- Among adults, the percentage of females with SMI was higher than the percentage of males (8.8 vs. 5.6 percent). Rates were higher for women than men in all age groups (Figure 8.1).

Figure 8.1 Rates of Serious Mental Illness among Adults Aged 18 or Older, by Age and Gender: 2001



- Among adults aged 18 or older in 2001, the rate of SMI was highest among the American Indian/Alaska Native population (14.4 percent) and lowest among Asians (4.4 percent) (Figure 8.2).

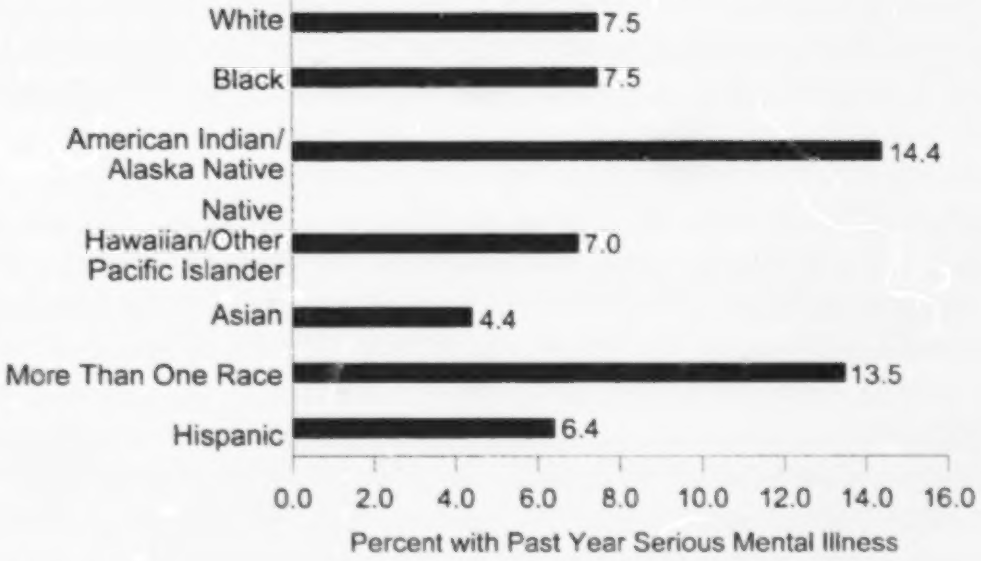
- SMI is correlated with educational status. In 2001, persons who did not complete high school had the highest rate of SMI (9.7 percent). The rate was 7.5 percent among high school graduates and 8.1 percent among persons who had some college. Persons who completed college had the lowest rate of SMI (4.8 percent).

- Rates of SMI in 2001 were highest among unemployed persons (13.1 percent) and lowest among persons employed full time (6.0 percent). The rate among persons employed part time was 8.9 percent. However, most (61 percent) adults with SMI were employed.

- Rates for SMI did not vary greatly by geographic region or division. The rate in 2001 was 7.2 percent for the Midwest and West regions, 7.1 percent for the Northeast region, and 7.6 percent in the South region. Rates by geographic division ranged from 8.7 percent in the East South Central division to 7.1 percent in the Middle Atlantic and East North Central divisions.

- The rate of SMI among adults was highest in completely rural counties (8.8 percent) and small metropolitan areas of fewer than 250,000 population (8.8 percent) and lowest in large metropolitan areas (6.6 percent).

Figure 8.2 Past Year Serious Mental Illness among Adults Aged 18 or Older, by Race/Ethnicity: 2001

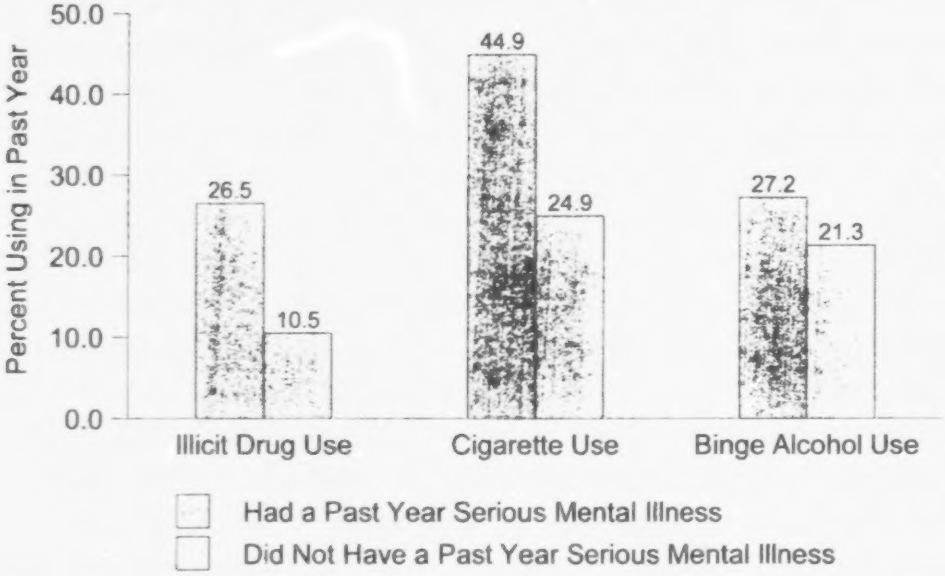


Serious Mental Illness and Substance Use

- Adults who used illicit drugs were twice as likely to have SMI as adults who did not use an illicit drug. In 2001, among adults who used an illicit drug in the past year, 16.6 percent also had SMI in that year, while among adults who did not use an illicit drug the rate of SMI was 6.1 percent. This pattern of higher rates of SMI among illicit drug users was observed within most demographic and geographic subgroups.

- SMI is strongly correlated with illicit drug use and cigarette use. Adults with SMI were more than twice as likely as those without SMI to use an illicit drug and to smoke cigarettes in the past year. Among persons with SMI, 26.5 percent used an illicit drug in the past year, while among those without SMI the rate was 10.5 percent. Similarly, among adults with SMI, the rate of cigarette use was 44.9 percent, while among adults without SMI the rate was only 24.9 percent (Figure 8.3).

Figure 8.3 Past Year Substance Use among Adults Aged 18 or Older, by Serious Mental Illness: 2001



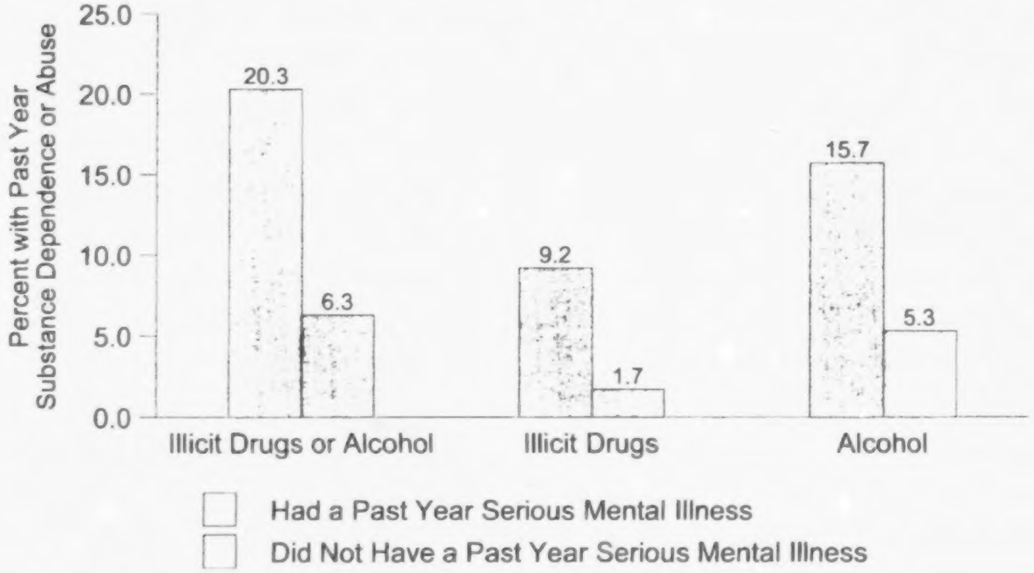
- SMI is not strongly correlated with alcohol use. The rate of past year alcohol use among adults with SMI was almost the same as the rate among adults without SMI (50.8 vs. 52.0 percent, respectively, in 2001). However, SMI is somewhat correlated with binge alcohol use, defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Among adults with SMI, 27.2 percent were binge drinkers while among adults without SMI, 21.3 percent were binge drinkers (Figure 8.3).

Co-Occurrence of Serious Mental Illness with Substance Dependence/Abuse

- SMI is highly correlated with substance dependence or abuse. Among adults with SMI in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without SMI was only 6.3 percent (Figure 8.4).

- In 2001, an estimated 3.0 million adults had both a SMI and substance dependence or abuse in the past year. Of these, an estimated 0.7 million had a SMI and were dependent on or abused both alcohol and illicit drugs, 0.7 million had a SMI and were dependent on or abused an illicit drug only, and 1.6 million had a SMI and were dependent on or abused alcohol only.

Figure 8.4 Past Year Substance Dependence or Abuse among Adults Aged 18 or Older, by Serious Mental Illness: 2001



8.2 Mental Health Treatment among Adults

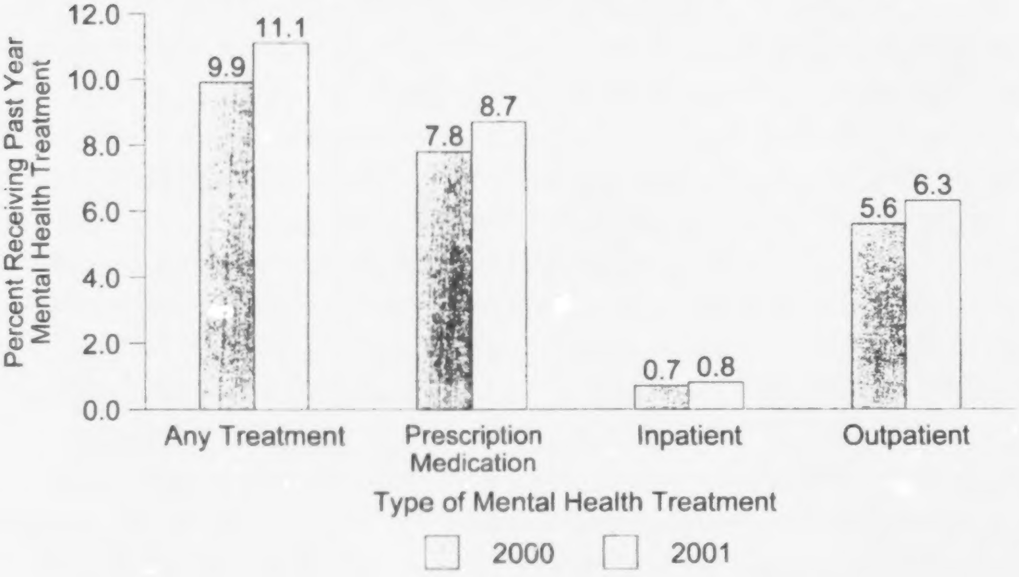
This section presents national estimates of the prevalence and characteristics of adults aged 18 or older who received mental health treatment in 2001. Estimates are presented for the total adult population and separately for the adult population with SMI. Treatment is defined as the receipt of treatment or counseling for any problem with emotions, "nerves," or mental health in the 12 months prior to the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of a mental or emotional condition. Treatment for only a substance abuse problem is not included.

- In 2001, an estimated 22.3 million adults received mental health treatment in the 12 months prior to the interview. This estimate represents 11.1 percent of the population 18 years old or older, which is significantly higher than the 9.9 percent rate in 2000 (Figure 8.5).

- The most prevalent type of treatment in the adult population in 2001 was prescription medication (8.7 percent), followed by outpatient treatment (6.3 percent). These were significant increases over the 2000 estimates (7.8 percent used prescription medication and 5.6 percent obtained outpatient treatment in 2000).

- In 2001, an estimated 1.5 million adults (0.8 percent) were hospitalized for mental health problems. This estimate is similar to the estimate for 2000 (0.7 percent) (Figure 8.5).

Figure 8.5 Past Year Mental Health Treatment among Adults Aged 18 or Older, by Type of Treatment: 2000 and 2001



- Rates of mental health treatment among adults varied by age, with the highest rate among adults aged 26 to 49 (12.1 percent). Rates were 9.6 percent for persons aged 18 to 25 years and 10.3 percent among those aged 50 or older.

- In 2001, female adults were more likely than males to receive treatment (13.7 vs. 8.2 percent). There was no gender difference in the rates of inpatient treatment (0.7 percent for males and 0.8 percent for females). Between 2000 and 2001, the overall rates of treatment increased for both males and females.

- Among racial/ethnic groups, the rates of mental health treatment for adults in 2001 were 14.2 percent for American Indian/Alaska Natives, 12.4 percent for whites, 8.4 percent for blacks, 6.3 percent for Hispanics, and 4.1 percent for Asians. The rate for adults reporting more than one race was 16.6 percent.

- The overall rate of mental health treatment does not vary by educational attainment, but there are variations by type of treatment. Adults who had not completed high school were more than 5 times as likely as college graduates to have been hospitalized for mental health treatment in 2001 (1.6 vs. 0.3 percent). This pattern was reversed for outpatient treatment (7.8 percent of college graduates vs. 4.8 percent of persons who had not completed high school). For prescription medication, there was little variation by education.

- Among current employment status categories, adults who were employed full time had the lowest rates of mental health treatment (9.4 percent) compared with 12.0 percent for part-time employees, 13.8 percent for unemployed persons, and 13.7 percent for adults who were not in the labor force. Adults not in the labor force were 5 times more likely than full-time employed persons to have been hospitalized for mental health treatment (1.6 vs. 0.3 percent).

- There was little variation in rates of treatment by region or type of county. Rates were highest in the New England division (14.8 percent) and lowest in the Middle Atlantic and West South Central divisions (9.9 percent). Rates were highest in small metropolitan areas of fewer than 250,000 population (12.3 percent) and lowest in large metropolitan areas (10.4 percent).

- In 2001, adults with an annual family income of less than $20,000 were more likely to have received treatment for mental health problems (13.9 percent) than were those with incomes of $20,000 to $49,999 (10.4 percent), those with incomes of $50,000 to $74,999 (10.2 percent), and those with incomes of $75,000 or more (10.4 percent).

- Adults in families receiving government assistance were more likely to receive mental health treatment in 2001 (18.1 percent) than adults in unassisted families (10.1 percent). Adults in assisted families were almost 2 times more likely than those in unassisted families to receive outpatient treatment or prescription medication and almost 6 times more likely to have been hospitalized for mental health treatment.

Treatment among Adults with Serious Mental Illness

- Among the 14.8 million adults with SMI in 2001, 6.9 million (46.8 percent) received treatment for a mental health problem in the 12 months prior to the interview.

- The likelihood of receiving treatment among adults with SMI generally increased with age. The rate of treatment among persons aged 18 to 25 was 32.7 percent, while the rate among persons aged 50 or older was 53.3 percent.

- Females with SMI were more likely to have received mental health treatment in the past year than males with SMI (51.7 vs. 38.4 percent).

- Rates of treatment for a mental health problem among persons with SMI did not vary greatly by geographic region or division. Rates by region were 47.2 percent in the South, 46.8 percent in the West, 42.7 percent in the Northeast, and 49.7 percent in the Midwest. Rates by division were lowest in the Middle Atlantic division (41.3 percent) and highest in the East North Central division (49.9 percent). None of these differences is statistically significant.

- Rates of treatment for a mental health problem among persons with SMI also did not vary greatly by county type. The rate was 45.1 percent for persons from large metropolitan areas, 48.1 percent for persons from small metropolitan areas, and 48.2 percent for persons from nonmetropolitan areas.

- An estimated 56.7 percent of adults with SMI who were not in the labor force received mental health treatment. The rate was 47.7 percent among adults with SMI who were employed part time. Rates of mental health treatment were similar among adults with SMI who were employed full time or were unemployed (40.0 and 40.2 percent, respectively).

8.3 Mental Health Treatment among Youths

This section presents national estimates of the receipt of mental health treatment or counseling among youths aged 12 to 17. Data on reasons for treatment on last visit and sources or locations of past year treatment also are discussed. Mental health treatment for youths is defined as receiving treatment or counseling for problems with behaviors or emotions from specific mental health or other health professionals in school, home, outpatient, or inpatient settings within the 12 months prior to the interview. Treatment for only a substance abuse problem is not included.

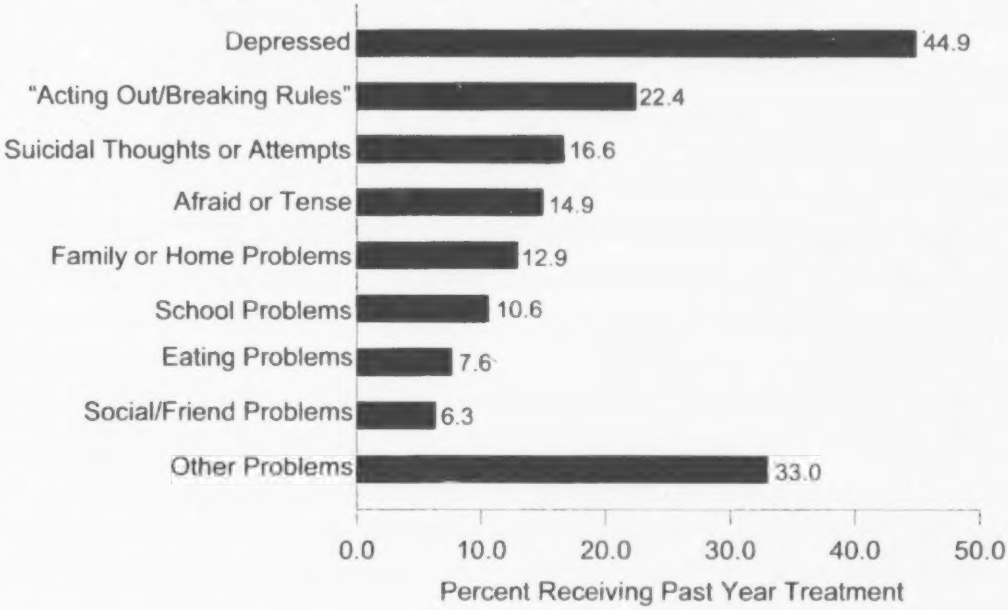
- In 2001, an estimated 4.3 million youths aged 12 to 17 received treatment or counseling for emotional or behavior problems in the year prior to the interview. This represents 18.4 percent of this population and is a significant increase over the 14.6 percent estimate in 2000. There were significant increases between 2000 and 2001 in rates of treatment for all demographic, geographic, and socioeconomic subgroups of youths aged 12 to 17.

- Among the 4.3 million youths receiving mental health treatment in 2001, the most commonly reported sources were school counselors, school psychologists, or teachers (46.5 percent), followed by private therapists, psychologists, psychiatrists, social workers, or counselors (44.1 percent). Youths aged 12 or 13 were more likely to receive school-based treatment, and youths aged 16 or 17 were more likely to receive treatment from private therapists, psychologists, psychiatrists, social workers, or counselors. In 2001, 332,000 youths, or 7.8 percent of those receiving treatment, were hospitalized for mental health treatment. Between 2000 and 2001, there were significant increases among youths in rates of treatment for all sources except for inpatient settings and foster care.

- The reason cited most often for the latest treatment session was "felt depressed" (44.9 percent of youths receiving treatment), followed by "breaking rules or acting out" (22.4 percent), and "thought about killing self or tried to kill self" (16.6 percent) (Figure 8.6). The rank order of reasons for treatment was the same in 2000.

- There was little variation by age group in the overall rates of treatment among youths (18.9 percent of those aged 12 or 13, 18.4 percent of those aged 14 or 15, and 17.7 percent of those aged 16 or 17).

Figure 8.6 Past Year Mental Health Treatment among Youths Aged 12 to 17, by Reason for Treatment: 2001



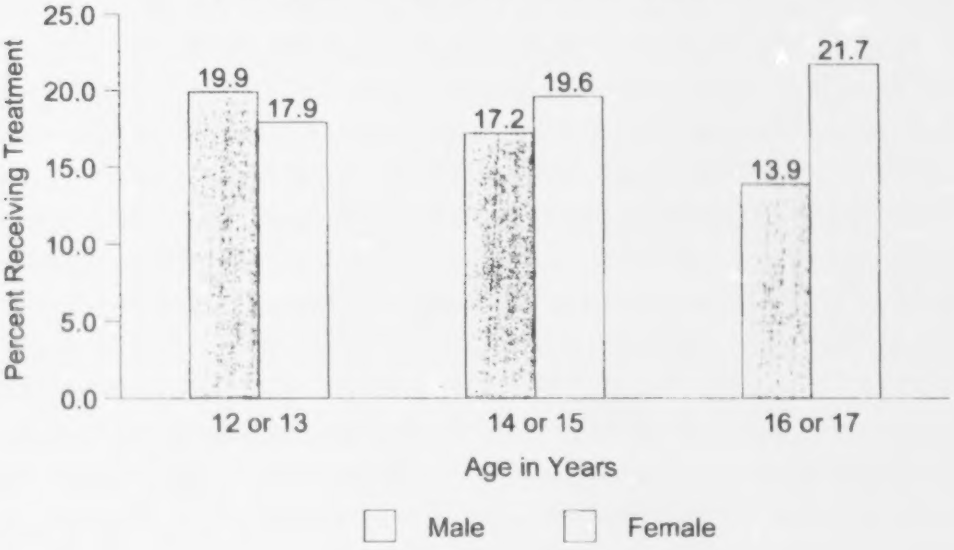
- Females aged 12 to 17 were slightly more likely than males to have received mental health treatment or counseling in 2001 (19.7 vs. 17.0 percent). There were significant increases in rates of treatment for both females and males between 2000 and 2001 (16.1 percent of females and 13.1 percent of males received treatment in 2000).

- Among youths aged 12 or 13, boys were slightly more likely (not statistically significant) than girls to have received mental health treatment or counseling (19.9 vs. 17.9 percent). However, rates increased with age for girls and decreased with age for boys, resulting in a significantly higher rate of treatment for girls aged 16 or 17 (21.7 percent) than boys aged 16 or 17 (13.9 percent) (Figure 8.7). This pattern is similar to the pattern in the 2000 data.

- Asian youths were less likely than all other groups to receive mental health services in 2001 (9.8 percent vs. 22.4 percent of youths reporting more than one race, 21.7 percent of American Indians/Alaska Natives, 18.9 percent of whites, 18.5 percent of blacks, and 17.2 percent of Hispanics).

- Youths in families with incomes of less than $20,000 in 2000 were slightly more likely to receive mental health treatment in 2001 (20.6 percent) than those in families with higher incomes. Treatment rates in other income groups were 18.3 percent of those with incomes of $20,000 to $49,999, 17.0 percent of those with incomes of $50,000 to $74,999, and 18.0 percent of those with incomes of $75,000 or more.

Figure 8.7 Mental Health Treatment among Youths Aged 12 to 17, by Age and Gender: 2001



- Youths in families receiving government assistance were more likely than those in unassisted families to receive mental health treatment in 2001 (23.5 vs. 17.5 percent).

- In 2001, youths in the South had somewhat lower rates of mental health treatment (16.8 percent) than those in other regions (17.6 percent of those living in the Midwest, 19.3 percent of those in the West, and 21.2 percent of those in the Northeast). By county type, youths living in nonmetropolitan areas had somewhat lower rates of treatment (16.0 percent) than those in metropolitan areas (18.6 percent of those in small metropolitan areas and 19.2 percent of those in large metropolitan areas).

- The rate of mental health treatment among youths who used illicit drugs in the past year (26.2 percent) was higher than the rate among youths who did not use illicit drugs (16.3 percent).

9. Discussion

This report presents initial findings from the third year of the redesigned National Household Survey on Drug Abuse (NHSDA). These analyses demonstrate that there is much to be learned about substance use, mental health, and related issues from this extraordinary database. During 1999, 2000, and 2001, a total of more than 200,000 Americans, including 75,000 youths aged 12 to 17, participated in the NHSDA. With this expanded sample, the NHSDA is now a much more powerful tool for studying these issues.

The new information on mental health will provide important information on the relationship between substance abuse and mental health problems. Confirming previous studies based on smaller and more restricted samples, the 2001 NHSDA found a strong relationship between substance abuse and mental health problems among both youths and adults.

9.1 Recent Trends in Substance Use

The NHSDA showed increases among Americans aged 12 or older between 2000 and 2001 in rates of use of several substances, including marijuana and cocaine and the nonmedical use of pain relievers and tranquilizers. Alcohol use also increased, although binge and heavy use remained unchanged between 2000 and 2001. There were also increases in rates of dependence on or abuse of alcohol or illicit drugs. Overall tobacco use and cigarette use remained unchanged, although there was an increase in cigar use. Among youths aged 12 to 17, there were increases in the use of marijuana and alcohol between 2000 and 2001, but no change in the use of other substances, no change in binge and heavy alcohol use, and no change in dependence on or abuse of alcohol or illicit drugs.

The higher levels of use of many substances, particularly marijuana and alcohol among youths and adults, in 2001 compared with 2000 was a somewhat surprising finding. Other surveys of youths generally have shown a leveling off or in some instances a decrease in the use of marijuana and alcohol since 1997. The 2000 NHSDA indicated very little change from 1999 in rates of substance use among youths or adults, and decreasing rates of incidence or new use. There was reason to believe that subsequent surveys would show decreases in prevalence rates. In 2001, there were unusually large increases in lifetime prevalence of use of marijuana and other substances, a finding that is somewhat inconsistent with other NHSDA data on substance use initiation. This finding raised the possibility that some of the increases might be artifacts of methodological changes in the survey in 2001. This issue is discussed below.

Comparisons with Other Data Sources

Appendix E in Volume II describes other surveys that produce estimates of substance use prevalence and compares their results to NHSDA results. National data on trends in substance use among adults are available from three other data sources—the National Health Interview Survey (NHIS), the National Survey of Parents and Youth (NSPY), and the Monitoring the Future (MTF) study. The NHIS trends in adult cigarette and alcohol use between 2000 and 2001 are consistent with the NHSDA trend, showing no significant change in current cigarette use

(23.4 percent in 2000 and 22.9 percent in 2001) and a small (61.5 to 62.7 percent, not statistically significant) increase in past year alcohol use from 2000 to 2001 (National Center for Health Statistics [NCHS], 2002). The NHIS does not collect data on illicit drug use. Data on illicit drug use are available from the sample of parents in the National Survey of Parents and Youth (NSPY). Among parents, the rates of lifetime and past month marijuana use were higher in 2001 (53.7 and 3.4 percent, respectively) than in 2000 (52.8 and 2.7 percent, respectively), but these differences are not statistically significant (Office of National Drug Control Policy [ONDCP], 2002). Another source of data on adults is the follow-up samples from the MTF. Estimates from 1998 through 2001 from the MTF suggest increases (not statistically significant) in past month marijuana use among young adults aged 19 to 28 (14.9 percent in 1998, 15.6 percent in 1999, 16.1 percent in 2000, and 16.7 percent in 2001) (Johnston, O'Malley, & Bachman, 2002a, 2002b).

Several nationally representative surveys of youths provide trends in substance use prevalence. These include school surveys, such as the MTF and the Youth Risk Behavior Survey (YRBS), and the NSPY, which is conducted in households. Trends in cigarette use are generally consistent between the NHSDA and each of these surveys, indicating a continuing gradual decline in youth smoking through 2001 (although the decline between 2000 and 2001 in the NHSDA is not statistically significant). In contrast with the increase in youth alcohol use found in the NHSDA, all three of these surveys show small decreases in alcohol use among youths, with no changes reaching statistical significance. The NHSDA increase in youth marijuana use is not consistent with the MTF and YRBS data. The YRBS shows a decrease for past month use among 9th to 12th graders, from 26.7 percent in 1999 to 23.9 percent in 2001 (Centers for Disease Control and Prevention [CDC], 2002b). The MTF shows no statistically significant changes from 2000 to 2001, although the 2001 estimates for each grade were slightly above the 2000 estimates. The NSPY estimates are consistent with the NHSDA trend, although the reported increase in past month marijuana use from 7.2 percent in 2000 to 8.0 percent in 2001 among youths aged 12 to 18 based on the NSPY is not statistically significant. NHSDA estimates for youths aged 12 to 17 are 7.2 percent in 2000 and 8.0 percent in 2001.

It is also worth noting that trends among youths in perceived risk of harm in using marijuana recently have shown decreases. The 2001 MTF reported a statistically significant decrease in the percentage of 8th graders reporting "great risk" in smoking marijuana regularly, from 74.8 percent in 2000 to 72.2 percent in 2001. Similar decreases in measures of perceived risk were also evident for 10th graders between 1999 and 2001. Perceived risk measures have often been cited as leading indicators of future trends in use, with decreases in perceived risk historically preceding increases in use and vice versa. Consistent with the MTF trend, the NHSDA also found significant decreases in the perceived risk of using marijuana among youths. Between 2000 and 2001, the percentage of youths reporting great risk in smoking marijuana once a month decreased from 37.7 to 35.7 percent; the percentage reporting great risk in smoking marijuana once or twice a week decreased from 56.0 to 53.5 percent.

In summary, there is some agreement between other datasets and the NHSDA results with respect to trends in substance use prevalence from 2000 to 2001, but not in every case.

Changes in the 2001 NHSDA

Initial analyses of the 2001 NHSDA data raised questions about some methodological changes between 2000 and 2001 that might have affected the estimates. The significantly higher rates of use of a variety of substances, particularly marijuana among adults and youths, in 2001 compared with 2000 was not anticipated. Of particular interest was the substantial increase in the number of lifetime users of marijuana and other substances, which seemed inconsistent with the usual patterns of new use. The survey has shown that 2 million to 2½ million Americans have initiated marijuana use each year since 1994, but the estimate of the number of persons who ever used marijuana was more than 7 million higher in 2001 than in 2000

A major effort was undertaken by the Office of Applied Studies (OAS) and its contractor on the project, RTI, to explain these findings. There were two changes in data collection procedures during 2001 that might have affected reporting. During the first half of 2001, a small portion of the NHSDA sample participated in an experiment to test the impact of incentive payments on respondent participation and on the quality of data. The experiment involved approximately 9,600 respondents, about half of whom received a payment of $20 or $40. The other protocol change was subtle, but more widespread. It involved an increased emphasis by survey managers on following specific data collection protocols during initial contacts with households and during screening and interviewing. The increased emphasis on adherence to procedures was conveyed by communications with all field interviewers and directives based on observations of a sample of interviews.

NHSDA data were analyzed in a number of different ways in an attempt to understand the effects of the changes in survey protocol. This analysis suggested that these changes may have influenced reporting. However, the effects are relatively small and do not fully account for the observed increases in substance use between 2000 and 2001. There appears to have been a general increase in reporting of lifetime use beyond the impact of any changes in the survey and beyond levels that could reasonably have occurred within a single year. One other possibility is that the increases in some prevalence estimates between 2000 and 2001 appear larger because the 2000 estimates were biased downward. This seems plausible for the marijuana estimates because the lifetime prevalence estimate for marijuana decreased (not significantly) between 1999 and 2000, resulting in an estimated number of lifetime marijuana users in 2001 that is approximately 6.4 million more than the estimated number for 1999. This translates to just over 3 million new marijuana users per year, a number that is reasonably consistent with incidence estimates.

It is not clear that the anomaly in the lifetime use measures necessarily indicates a problem with past year and past month use measures. As discussed in Section 9.1 above, the NHSDA trend results for past month and past year substance use were compared with results from other data sources. Some confirmation of the increasing trends for youths and adults was evident in these comparisons, but the results were not consistent across all of the sources (see Appendix E in Volume II for further discussion).

More detailed information on the survey process and changes in 2001 is provided in Appendix C in Volume II.

New Questions on Ecstasy in 2001

For the basic measures of substance use prevalence, the NHSDA employs a core set of questions that remain unchanged from year to year. This promotes comparability over time in key measures. However, due to the critical need for information on the emerging use of Ecstasy (MDMA), new questions were inserted into the core section covering the use of hallucinogens. This had a small but measurable impact on estimates of overall current hallucinogen use. As discussed in Appendix C in Volume II, the questionnaire change accounts for a 19 percent increase in the estimate of past month hallucinogen use among persons aged 12 or older (from 0.5 to 0.6 percent). The effect on the composite estimate of any illicit drug use is small (less than a 0.3 percent relative increase).

9.2 Long-Term Trends in Illicit Drug Use

The NHSDA estimates presented in this report are not strictly comparable with estimates from NHSDAs prior to 1999 because of the shift from paper-and-pencil interviewing (PAPI) to computer-assisted interviewing (CAI) in 1999 and the effect that this methodological change has on the estimates. However, it is important to discuss the 1999, 2000, and 2001 data in the context of the results from the earlier surveys.

The estimated number of past month illicit drug users in the United States in 2001 (15.9 million) is somewhat higher than the estimate based on the 1992 NHSDA (12.0 million), which reflects a low point in levels of illicit drug use in the United States. The higher number in 2001 is due to several factors, including a much higher rate of use among youths (10.8 percent in 2001 vs. 5.3 percent in 1992), a slight increase in the rate of use among adults that is partly due to the aging of younger drug-using cohorts (6.6 percent in 2001 vs. 5.9 percent in 1992), and a 10 percent increase in the size of the U.S. population. The rate of use among youths doubled between 1992 and 1995, from 5.3 to 10.9 percent. After 1995, the youth rate varied from year to year and declined significantly from 1997 to 1998. Estimates from the supplemental PAPI sample employed with the 1999 NHSDA indicated a continuing decline among youths in 1999, to 9.0 percent. This estimate is still higher than the 1992 rate. Although not strictly comparable with the 1995 to 1999 PAPI estimates, the 2001 estimate of youth past month illicit drug use from the NHSDA (10.8 percent) is similar to the 1995 rate and well above the 1992 rate.

Prior to the increase in youth illicit drug use in the early to mid-1990s, there had been a period of significant decline in drug use among both youths and adults. This occurred from 1979, the peak year for illicit drug use prevalence among adults and youths, until 1992. During that period, the number of past month illicit drug users dropped from 25 million to 12 million. The rate of use dropped from 14.1 to 5.8 percent of the population aged 12 or older. Among youths aged 12 to 17, the rate fell from 16.3 to 5.3 percent. Thus, although the rate of illicit drug use among youths in 2001 is approximately twice the rate in 1992, it is still significantly below the peak rate that occurred in 1979. Similarly, the overall number and rate of use in the population are roughly half of what they were in 1979.

Prior to 1979, the peak year for illicit drug use, there had been a steady increase in use occurring throughout the 1970s (National Institute on Drug Abuse [NIDA], 1983). Although the first national survey to estimate the prevalence of illicit drug use was conducted in 1971, estimates of illicit drug initiation, based on retrospective reports of first-time use, suggest that the increase had begun in the early or mid-1960s (Gfroerer & Brodsky, 1992). These incidence estimates suggest that illicit drug use prevalence had been very low during the early 1960s, but began to increase during the mid-1960s as substantial numbers of young people initiated the use of marijuana. As discussed in Chapter 5 of this report, annual marijuana incidence increased from about 0.6 million new users in 1965 until it reached a peak of 3.2 million initiates per year in 1976 and 1977, 2 to 3 years before the prevalence rates peaked. Interestingly, the annual number of marijuana initiates reached a low point in 1990 (1.4 million), then increased, 2 years before the increase in youth prevalence occurred. This finding demonstrates the value of analyzing the incidence data in forecasting future trends in prevalence. Assuming this relationship between incidence and prevalence continues to hold, the continuing high levels (2.4 million to 2.5 million initiates per year) of marijuana incidence between 1995 and 2000 indicate that a decline in youth prevalence may not occur in the near future. The cohort identified as the "baby boomers," who had high marijuana initiation rates during the 1970s, has resulted in an increase in the numbers needing treatment for substance abuse problems. The increase in marijuana initiation rates during the 1990s may have the same result.

9.3 Changes in the Survey in 2002

At the time of this initial release of the 2001 NHSDA data, the 2002 survey is more than 50 percent completed. For the 2002 survey, which began in January, two changes have been implemented. First, the name of the survey has been changed. The survey is now called the National Survey on Drug Use and Health (NSDUH). This new name more correctly describes the purpose of the survey and the topics covered by the questionnaire than the old name did. The other change in the survey is the introduction of respondent incentives. Beginning in January 2002, each NSDUH participant is given $30 for completing the interview. Testing of the use of incentives indicated that response rates would be increased significantly with such a payment and that survey costs are likely to drop because of a decline in the number of return visits to sample addresses that had been required to gain respondent participation. OAS has initiated a series of analyses to assess the impact of the incentives on the estimates produced from the survey.

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The Office of Applied Studies (OAS) serves as a focal point for data collection, analyses, and dissemination activities on the incidence and prevalence of substance abuse, the distribution and characteristics of substance abuse treatment facilities and services, and the costs and outcomes of substance abuse treatment programs. Both National and State-by-State data are available. Three major surveys provide information used by OAS:

- **National Household Survey on Drug Abuse (NHSDA).** The NHSDA provides information on the prevalence of substance use in the population, and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, patterns of use, treatment, perceptions of risk, criminal behavior, and mental health. Since 1999, the NHSDA sample has been designed to provide State-level estimates, based on 70,000 respondents per year.
- **Drug Abuse Warning Network (DAWN).** The DAWN obtains information on drug-related admissions to emergency departments and drug-related deaths identified by medical examiners.
- **Drug and Alcohol Services Information System (DASIS).** The DASIS consists of three data sets (I-SATS, N-SSATS, and TEDS) developed with State governments. These data collection efforts provide National and State-level information on the substance abuse treatment system.

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Appendix A: Description of the Survey

A.1 Sample Design

The 2001 National Household Survey on Drug Abuse (NHSDA) sample design was part of a coordinated 5-year sample design that will provide estimates for all 50 States plus the District of Columbia for the years 1999 through 2003. The coordinated design facilitates 50 percent overlap in first-stage units (area segments) between each 2 successive years.

For the 5-year 50-State design, 8 States were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas) with samples large enough to support direct State estimates. Sample sizes in these States ranged from 3,502 to 4,023. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques. Sample sizes in these States ranged from 852 to 1,069 in 2001.

States were first stratified into a total of 900 field interviewer (FI) regions (48 regions in each large sample State and 12 regions in each small sample State). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Within FI regions, adjacent Census blocks were combined to form the first-stage sampling units, called area segments. A total of 96 segments per FI region were selected with probability proportional to population size in order to support the 5-year sample and any supplemental studies that the Substance Abuse and Mental Health Services Administration (SAMHSA) may choose to field. Eight sample segments per FI region were fielded during the 2001 survey year.

These sampled segments were allocated equally into four separate samples, one for each 3-month period during the year, so that the survey is essentially continuous in the field. In each of these area segments, a listing of all addresses was made, from which a sample of 203,544 addresses was selected. This sample includes a special supplement added in the New York City area in quarter 4 to provide greater precision for any analyses of the effect of the September 11th events. Of the selected addresses, 171,519 were determined to be eligible sample units. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected using an automated screening procedure programmed in a handheld computer carried by the interviewers. The number of sample units completing the screening was 157,471. Youths (aged 12 to 17 years) and young adults (aged 18 to 25 years) were oversampled at this stage. Because of the large sample size associated with this sample, there was no need to oversample racial/ethnic groups, as was done on NHSDAs prior to 1999. A total of 89,745 persons were selected nationwide. Consistent with previous NHSDAs, the final respondent sample of 68,929 persons was representative of the U.S. general population (since 1991, the civilian, noninstitutionalized population) aged 12 or older. In addition, State samples were representative of their respective State populations. More detailed information on the disposition of the national screening and interview sample can be found in Appendix B. Also, additional tables showing sample sizes and estimated population counts for various demographic and geographic subgroups are presented in Appendix G. Definitions of key terms are provided in Appendix D.

The survey covers residents of households (living in houses/townhouses, apartments, condominiums, etc.), noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, halfway houses), and civilians living on military bases. Although the survey covers these types of units (they are given a nonzero probability of selection), sample sizes of most specific groups are too small to provide separate estimates. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term hospitals.

To evaluate the effectiveness of respondent incentives in improving response rates in the NHSDA, an experiment was conducted during the first two quarters of the 2001 survey. A randomized, split-sample, experimental design was embedded within 251 of the main study FI regions to compare the impact of $20 and $40 incentive treatments with a $0 control group on measures of respondent cooperation, data quality, survey costs, and population substance use estimates. To control for interviewer effects, the same FIs were required to work all of the control and treatment cases in an FI region whenever possible. A total of 9,600 respondents participated in the experiment, including 4,233 who received $0, 2,489 who received $20, and 2,878 who received $40. All 9,600 respondents were included in the computation of 2001 NHSDA estimates. For a discussion of the potential impact of the incentive experiment, see Section C.3 in Appendix C.

A.2 Data Collection Methodology

The data collection method used in the NHSDA involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and oral communications with potential respondents, respondents' names are not collected with the data, and computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

Introductory letters are sent to sampled addresses, followed by an interviewer visit. A 5-minute screening procedure conducted using a handheld computer involves listing all household members along with their basic demographic data. The computer uses the demographic data in a preprogrammed selection algorithm to select 0-2 sample person(s), depending on the composition of the household. This selection process is designed to provide the necessary sample sizes for the specified population age groupings.

Interviewers attempt to immediately conduct the NHSDA interview with each selected person in the household. The interviewer requests the selected respondent to identify a private area in the home away from other household members to conduct the interview. The interview averages about an hour and includes a combination of CAPI (computer-assisted personal interviewing) and ACASI. The interview begins in CAPI mode with the FI reading the questions from the computer screen and entering the respondent's replies into the computer. The interview then transitions to the ACASI mode for the sensitive questions. In this mode, the respondent can read the questions silently on the computer screen and/or listen to the questions read through headphones and enter his or her responses directly into the computer. At the conclusion of the ACASI section, the interview returns to the CAPI mode with the interviewer completing the questionnaire.

No personal identifying information is captured in the CAI record for the respondent. At the end of the day when an interviewer has completed one or more interviews, he or she transmits the data to RTI in Research Triangle Park, North Carolina, via home telephone lines.

A.3 Data Processing

Interviewers initiate nightly data transmissions of interview data and call records on days when they work. Computers at RTI direct the information to a raw data file that consists of one record for each completed interview. Even though much editing and consistency checking is done by the CAI program during the interview, additional more complex edits and consistency checks are completed at RTI. Cases are retained only if respondents provided data on lifetime use of cigarettes and at least nine other substances. An important aspect of subsequent editing routines involves assignment of codes when respondents legitimately skipped out of questions that definitely did not apply to them (e.g., if respondents never used a drug of interest). For key drug use measures, the editing procedures identify inconsistencies between related variables. Inconsistencies in variables pertaining to the most recent period that respondents used a drug are edited by assigning an "indefinite" period of use (e.g., use at some point in the lifetime, which could mean use in the past 30 days or past 12 months). Inconsistencies in other key drug use variables are edited by assigning missing data codes. These inconsistencies are then resolved through statistical imputation procedures, as discussed below.

A.3.1 Statistical Imputation

For some key variables that still have missing or ambiguous values after editing, statistical imputation is used to replace ambiguous or missing data with appropriate response codes. For example, the response is ambiguous if the editing procedures assigned a respondent's most recent use of a drug to "use at some point in the lifetime," with no definite period within the lifetime. In this case, the imputation procedures assigned a definite value for when the respondent last used the drug (e.g., in the past 30 days, more than 30 days ago but within the past 12 months, more than 12 months ago). Similarly, if the response is completely missing, the imputation procedures replaced missing values with nonmissing ones.

Missing or ambiguous values are imputed using a methodology developed specifically for the NHSDA in 1999 and called predictive mean neighborhoods (PMN). PMN is a combination of a model-assisted imputation methodology and a random nearest neighbor hot-deck procedure. Whenever feasible, the imputation of variables using PMN is multivariate, in which imputation is accomplished on several response variables at once. Variables requiring imputation were the core demographic variables, core drug use variables (recency of use, frequency of use, and age at first use), income, health insurance, and a variety of roster-derived variables.

In the modeling stage of PMN, the model chosen depends on the nature of the response variable *Y*. In the 2001 NHSDA, the models included binomial logistic regression, multinomial logistic regression, Poisson regression, and ordinary linear regression, where the models incorporate the design weights.

In general, hot-deck imputation replaces a missing or ambiguous value taken from a "similar" respondent who has complete data. For random nearest neighbor hot-deck imputation, the missing or ambiguous value is replaced by a responding value from a donor randomly selected from a set of potential donors. Potential donors are those defined to be "close" to the unit with the missing or ambiguous value, according to a predefined function, called a distance metric. In the hot-deck stage of PMN, the set of candidate donors (the "neighborhood") consists of respondents with complete data who have a predicted mean close to that of the item nonrespondent. In particular, the neighborhood consists of either the set of the closest 30 respondents, or the set of respondents with a predicted mean (or means) within 5 percent of the predicted mean(s) of the item nonrespondent, whichever set is smaller. If no respondents are available who have a predicted mean (or means) within 5 percent of the item nonrespondent, the respondent with the predicted mean(s) closest to that of the item nonrespondent is selected as the donor.

In the univariate case, the neighborhood of potential donors is determined by calculating the relative distance between the predicted mean for an item nonrespondent, and the predicted mean for each potential donor, then choosing those means defined by the distance metric. The pool of donors is further restricted to satisfy logical constraints whenever necessary (e.g., age at first crack use must not be younger than age at first cocaine use).

Whenever possible, missing or ambiguous values for more than one response variable are considered at a time. In this (multivariate) case, the distance metric is a Mahalanobis distance rather than a relative Euclidean distance. Whether the imputation is univariate or multivariate, only missing or ambiguous values are replaced, and donors are restricted to be logically consistent with the response variables that are not missing. Furthermore, donors are restricted to satisfy "likeness constraints" whenever possible. That is, donors are required to have the same values for variables highly correlated with the response. If no donors are available that meet these conditions, these likeness constraints can be loosened. For example, donors for the age at first use variable are required to be of the same age as recipients, if at all possible.

Although statistical imputation could not proceed separately within each State due to insufficient pools of donors, information about each respondent's State of residence was incorporated in the modeling and hot-deck steps. For most drugs, respondents were separated into three "State usage" categories as follows: respondents from States with high usage of a given drug were placed in one category, respondents from States with medium usage into another, and the remainder into a third category. This categorical "State rank" variable was used as one set of covariates in the imputation models. In addition, eligible donors for each item nonrespondent were restricted to be of the same State usage category (i.e., the same "State rank") as the nonrespondent.

A.3.2 Development of Analysis Weights

The general approach to developing and calibrating analysis weights involved developing design-based weights, d_k, as the inverse of the selection probabilities of the households and persons. Adjustment factors, $a_k(\lambda)$, were then applied to the design-based weights to adjust for nonresponse, to poststratify to known population control totals, and to control for extreme weights when necessary. In view of the importance of State-level estimates with the new 50-State design, it was necessary to control for a much larger number of known population totals. Several other modifications to the general weight adjustment strategy that had been used in past NHSDAs were also implemented for the first time beginning with the 1999 CAI sample.

Weight adjustments were based on a generalization of Deville and Särndal's (1992) logit model. This generalized exponential model (GEM) (Folsom & Singh, 2000) incorporates unit-specific bounds (ℓ_k, u_k), $k \in s$, for the adjustment factor $a_k(\lambda)$ as follows:

$$a_k(\lambda) = \frac{\ell_k(u_k - c_k) + u_k(c_k - \ell_k)\exp(A_k x_k'\lambda)}{(u_k - c_k) + (c_k - \ell_k)\exp(A_k x_k'\lambda)},$$

where c_k are prespecified centering constants, such that $\ell_k < c_k < u_k$ and $A_k = (u_k - \ell_k) / (u_k - c_k)(c_k - \ell_k)$. The variables ℓ_k, c_k, and u_k are user-specified bounds, and λ is the column vector of p model parameters corresponding to the p covariates x. The λ-parameters are estimated by solving

$$\sum_s x_k d_k a_k(\lambda) - \tilde{T}_x = 0,$$

where $\tilde{T}_x$ denotes control totals that could be either nonrandom, as is generally the case with poststratification, or random, as is generally the case for nonresponse adjustment.

The final weights $w_k = d_k a_k(\lambda)$ minimize the distance function $\Delta(w,d)$ defined as

$$\Delta(w,d) = \sum_{k \in s} \frac{d_k}{A_k}\left\{(a_k - \ell_k)\log\frac{a_k - \ell_k}{c_k - \ell_k} + (u_k - a_k)\log\frac{u_k - a_k}{u_k - c_k}\right\}.$$

This general approach was used at several stages of the weight adjustment process including (1) adjustment of household weights for nonresponse at the screener level, (2) poststratification of household weights to meet population controls for various demographic groups by State, (3) adjustment of household weights for extremes, (4) poststratification of selected person weights, (5) adjustment of person weights for nonresponse at the questionnaire level, (6) poststratification of person weights, and (7) adjustment of person weights for extremes.

Every effort was made to include as many relevant State-specific covariates (typically defined by demographic domains within States) as possible in the multivariate models used to calibrate the weights (nonresponse adjustment and poststratification steps). Because further subdivision of State samples by demographic covariates often produced small cell sample sizes, it was not possible to retain all State-specific covariates (even after meaningful collapsing of covariate categories) and still estimate the necessary model parameters with reasonable precision. Therefore, a hierarchical structure was used in grouping States with covariates defined at the national level, at the Census division level within the Nation, at the State-group within Census division, and, whenever possible, at the State level. In every case, the controls for total population within State and the five age groups within State were maintained. Census control totals by age, race, gender, and Hispanicity were required for the civilian, noninstitutionalized population of each State. Unlike 1999 and 2000 NHSDAs, population estimates for the year 2001 (based on the 1990 Census after taking account of known demographic changes) were not published because of the natural requirement to use 2000 Census data for this purpose. However, due to extensive processing needed for the 2000 Census data, the required controls were not available in time for the 2001 NHSDA data processing. As an alternative, the Population Estimates Branch of the U.S. Bureau of the Census produced, in response to a special request, the necessary population estimates based on the 1990 Census. Use of the 1990 Census-based controls for 2001 population estimates certainly helped maintain comparability with previous years' controls. However, for 2001 the demographic estimation method was used unlike previous years wherein the 1990 census 5 percent public use micro data file (U.S. Bureau of the Census, 1992) was used to get the initial breakdown of the published State-level Census projections of the total residential population (which includes military and institutionalized) for demographic domains into two groups followed by the raking ratio method to meet both the State-level residential population counts as well as the national-level civilian and noncivilian counts for each domain.

Several other enhancements to the weighting procedures were also implemented starting in 1999. The control of extreme weights through winsorization was incorporated into the calibration processes for both nonresponse and poststratification adjustment. Winsorization was used to set bounds for extreme values at prespecified levels, and the GEM model was used to adjust the weights within bounds for both extreme and nonextreme weights such that the desired calibration controls were met. A step was added to poststratify the household-level weights to obtain Census-consistent estimates based on the household rosters from all screened households; these household roster-based estimates then provided the control totals needed to calibrate the respondent pair weights for subsequent planned analyses. Also, the adjusted screened household roster-based estimates provided the control totals for the additional step of poststratifying the selected persons sample. This additional step takes advantage of the inherent two phase nature of the NHSDA design. The final step in poststratification related the respondent person sample to external census data (defined within State whenever possible as discussed above).

Appendix B: Statistical Methods and Limitations of the Data

B.1 Target Population

An important limitation of the National Household Survey on Drug Abuse (NHSDA) estimates of drug use prevalence is that they are only designed to describe the target population of the survey—the civilian, noninstitutionalized population aged 12 or older. Although this population includes almost 98 percent of the total U.S. population aged 12 or older, it excludes some important and unique subpopulations who may have very different drug-using patterns. For example, the survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use. Appendix E describes other surveys that provide data for these populations.

B.2 Sampling Error and Statistical Significance

The national estimates, along with the associated variance components, were computed using a multiprocedure package, SUrvey DAta ANalysis (SUDAAN) Software for Statistical Analysis of Correlated Data, which was designed for the statistical analysis of sample survey data from stratified, multistage cluster samples (RTI, 2001). The final, nonresponse-adjusted, and poststratified analysis weights were used to compute unbiased design-based drug use estimates.

The sampling error (i.e., the standard error [SE]) of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies, such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated in SUDAAN for all estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

B.2.1 Variance Estimation for Totals

Estimates of proportions, $\hat{p}_d$, such as drug use prevalence rates, take the form of nonlinear statistics where the variances cannot be expressed in closed form. Variance estimation for nonlinear statistics in SUDAAN is performed using a first-order Taylor series approximation of the deviations of estimates from their expected values.

Corresponding to proportion estimates, $\hat{p}_d$, the number of drug users, $\hat{Y}_d$, can be estimated as

$$\hat{Y}_d = \hat{N}_d \hat{p}_d,$$

where $\hat{N}_d$ is the estimated population total for domain *d*, and $\hat{p}_d$ is the estimated proportion for domain *d*. The SE for the total estimate is obtained by multiplying the SE of the proportion by $\hat{N}_d$, that is,

$$SE(\hat{Y}_d) = \hat{N}_d \, SE(\hat{p}_d).$$

This approach is theoretically correct when the domain size estimates, $\hat{N}_d$, are among those forced to Census Bureau population projections through the weight calibration process. In these cases, $\hat{N}_d$ is clearly not subject to sampling error.

For domain totals, $\hat{Y}_d$, where $\hat{N}_d$ is not fixed, this formulation may still provide a good approximation if it can be reasonably assumed that the sampling variation in $\hat{N}_d$ is negligible relative to the sampling variation in $\hat{p}_d$. In most analyses conducted for prior years, this has been a reasonable assumption.

For a subset of the tables produced from the 2001 data, it was clear that the above approach yielded an underestimate of the variance of a total because $\hat{N}_d$ was subject to considerable variation. In these cases, a different method was used to estimate variances. SUDAAN provides an option to directly estimate the variance of the linear statistic that estimates a population total. Using this option did not affect the SE estimates for the corresponding proportions presented in the same sets of tables.

B.2.2 Suppression Criteria for Unreliable Estimates

As has been done in past NHSDA reports, direct survey estimates considered to be unreliable due to unacceptably large sampling errors are not shown in this report and are noted by asterisks (*) in the tables containing such estimates found in the appendices. The criterion used for suppressing all direct survey estimates was based on the relative standard error (RSE), which is defined as the ratio of the standard error (SE) over the estimate.

Proportion estimates ($\hat{p}$) within the range $[0 < \hat{p} < 1]$, rates, and corresponding estimated number of users were suppressed if

$$\text{RSE}[(-\ln(\hat{p})] > 0.175 \text{ when } \hat{p} \le 0.5$$

or

$$\text{RSE}[(-\ln(1 - \hat{p})] > 0.175 \text{ when } \hat{p} > 0.5.$$

Using a first-order Taylor series approximation to estimate RSE[(-ln($\hat{p}$)] and RSE[(-ln(1 - $\hat{p}$)], the following was obtained and used for computational purposes:

$$\frac{SE(\hat{p})/\hat{p}}{-\ln(\hat{p})} > 0.175 \text{ when } \hat{p} \le 0.5$$

or

$$\frac{SE(\hat{p})/(1-\hat{p})}{-\ln(1-\hat{p})} > 0.175 \text{ when } \hat{p} > 0.5.$$

The separate formulas for $\hat{p} \le 0.5$ and $\hat{p} > 0.5$ produce a symmetric suppression rule (i.e., if $\hat{p}$ is suppressed, then so will $1 - \hat{p}$). This ad hoc rule requires an effective sample size in excess of 50. When $0.05 < \hat{p} < 0.95$, the symmetric property of the rule produces a local maximum effective sample size of 68 at $\hat{p} = 0.5$. Thus, estimates with these values of $\hat{p}$ along with effective sample sizes falling below 68 are suppressed. A local minimum effective sample size of 50 occurs at $\hat{p} = 0.2$ and again at $\hat{p} = 0.8$ within this same interval, so estimates are suppressed for values of $\hat{p}$ with effective sample sizes below 50.

Prior to the 2000 NHSDA, these varying sample size restrictions sometimes produced unusual occurrences of suppression for a particular combination of prevalence rates. For example, in some cases, lifetime prevalence rates near $\hat{p} = 0.5$ were suppressed (effective sample size was < 68 but > 50), while not suppressing the corresponding past year or past month estimates near $\hat{p} = 0.2$ (effective sample sizes were > 50). To reduce the occurrence of this type of inconsistency, a minimum effective sample size of 68 was added to the NHSDA suppression criteria starting in 2000. As $\hat{p}$ approached 0.00 or 1.00 outside the interval (0.05, 0.95), the suppression criteria still required increasingly larger effective sample sizes. For example, if $\hat{p}$ = 0.01 and 0.001, the effective sample size must exceed 152 and 684, respectively.

Also new to the NHSDA starting in 2000 were minimum nominal sample size suppression criteria (n = 100) that protect against unreliable estimates caused by small design effects and small nominal sample sizes. Prevalence estimates were also suppressed if they were close to 0 or 100 percent (i.e., if $\hat{p} < .00005$ or if $\hat{p} \ge .99995$).

Estimates of other totals (e.g., number of initiates) along with means and rates (both not bounded between 0 and 1) were suppressed if $RSE(\hat{p}) > 0.5$. Additionally, estimates of the mean age at first use were suppressed if the sample size was smaller than 10 respondents; moreover, the estimated incidence rate and number of initiates were suppressed if they rounded to 0.

The suppression criteria for various NHSDA estimates are summarized in Table B.1 at the end of this appendix.

B.2.3 Statistical Significance of Differences

This section describes the methods used to compare prevalence estimates in this report. Customarily, the observed difference between estimates is evaluated in terms of its statistical significance. "Statistical significance" refers to the probability that a difference as large as that observed would occur due to random error in the estimates if there were no difference in the prevalence rates for the population groups being compared. The significance of observed differences in this report is generally reported at the 0.05 and 0.01 levels. When comparing 2000 and 2001 prevalence estimates, the null hypothesis (no difference in the 2000 and 2001 prevalence rates) can be tested against the alternative hypothesis (there is a difference in prevalence rates) using the standard difference in proportions test expressed as follows:

$$Z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{var(\hat{p}_1) + var(\hat{p}_2) - 2cov(\hat{p}_1, \hat{p}_2)}},$$

where $\hat{p}_1$ = 2000 estimate, $\hat{p}_2$ = 2001 estimate, $var(\hat{p}_1)$ = variance of 2000 estimate, $var(\hat{p}_2)$ = variance of 2001 estimate, and $cov(\hat{p}_1, \hat{p}_2)$ = covariance between $\hat{p}_1$ and $\hat{p}_2$.

Under the null hypothesis, Z is asymptotically distributed as a normal random variable. Calculated values of Z can therefore be referred to as the unit normal distribution to determine the corresponding probability level (i.e., *p* value). Because there is a 50 percent overlap in the sampled segments between the 2000 and 2001 NHSDAs, the covariance term in the formula for *Z* will, in general, be greater than 0. Estimates of *Z*, along with its *p* value, were calculated using SUDAAN, using the analysis weights and accounting for the sample design as described in Appendix A. A similar procedure and formula for Z were used for estimated totals and for comparing prevalence estimates for different population subgroups from the same data year.

When examining the effects of subgroup variables with more than two levels on a prevalence measure, a χ^2 test of independence of the subgroup and the prevalence variables was conducted first to control the error level for multiple comparisons. If the χ^2 test indicated some significant differences, the significance of each particular subgroup comparison discussed in the report was tested as indicated above. SUDAAN analytic procedures were used in all tests to properly account for the sample design.

B.3 Nonsampling Error

Nonsampling errors can occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors not due to sampling. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, close monitoring and periodic retraining of interviewers, and improvement in various quality control procedures.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures, such as response rates and from other research studies.

B.3.1 Screening and Interview Response Rate Patterns

Response rates for the NHSDA were stable for the period from 1994 to 1998, with the screening response rate at about 93 percent and the interview response rate at about 78 percent (response rates discussed in this appendix are weighted). In 1999, the computer-assisted interviewing (CAI) screening response rate was 89.6 percent, and the interview response rate was

68.6 percent. A more stable and experienced field interviewer (FI) workforce improved these rates in 2000 and continued in 2001. Of the 171,519 eligible households sampled for the 2001 NHSDA main study, 157,471 were successfully screened for a weighted screening response rate of 91.9 percent (Table B.2). In these screened households, a total of 89,745 sample persons were selected, and completed interviews were obtained from 68,929 of these sample persons, for a weighted interview response rate of 73.3 percent. A total of 13,478 (16.5 percent) sample persons were classified as refusals or parental refusals, 4,681 (5.3 percent) were not available or never at home, and 2,657 (4.9 percent) did not participate for various other reasons, such as physical or mental incompetence or language barrier (Table B.3). Tables B.4 and B.5 show the distribution of the selected sample by interview code and age group. The weighted interview response rate was highest among 12 to 17 year olds (82.2 percent), females (74.6 percent), blacks and Hispanics (75.0 and 78.8 percent, respectively), in nonmetropolitan areas (76.7 percent), and among persons residing in the Midwest (74.4 percent) (Table B.6).

The overall weighted response rate, defined as the product of the weighted screening response rate and weighted interview response rate, was 61.5 percent in 1999, 68.6 percent in 2000, and 67.3 percent in 2001. Nonresponse bias can be expressed as the product of the nonresponse rate (1-R) and the difference between the characteristic of interest between respondents and nonrespondents in the population (P_r - P_{nr}). Thus, assuming the quantity (P_r - P_{nr}) is fixed over time, the improvement in response rates in 2000 and 2001 over 1999 will result in estimates with lower nonresponse bias.

B.3.2 Inconsistent Responses and Item Nonresponse

Among survey participants, item response rates were above 97 percent for most questionnaire items. However, inconsistent responses for some items, including the drug use items, were common. Estimates of substance use from the NHSDA are based on the responses to multiple questions by respondents, so that the maximum amount of information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgment on the part of survey analysts and is a potential source of nonsampling error. Because of the automatic routing through the CAI questionnaire (e.g., lifetime drug use questions that skip entire modules when answered "no"), there is less editing of this type than in the paper-and-pencil interviewing (PAPI) questionnaire used prior to the NHSDA redesign in 1999.

In addition, logical editing is used less often because with the CAI data, statistical imputation is relied upon more heavily to determine the final values of drug use variables in cases where there is the potential to use logical editing to make a determination. The combined amount of editing and imputation in the CAI data is still considerably less than the total amount used in prior PAPI surveys. For the 2001 CAI data, for example, 6.7 percent of the estimate of past month hallucinogen use was based on logically edited cases and 6.6 percent on imputed cases, for a combined amount of 13.3 percent. In the 1998 NHSDA (administered using PAPI), the amount of editing and imputation for past month hallucinogen use was 60 and 0 percent, respectively, for a total of 60 percent. The combined amount of editing and imputation for the estimate of past month heroin use was 5.7 percent for the 2001 CAI and 37.0 percent for the 1998 PAPI data.

B.3.3 Validity of Self-Reported Use

NHSDA estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and the NHSDA procedures were designed to encourage honesty and recall, some degree of underreporting is assumed (Harrell, 1997; Harrison & Hughes, 1997; Rouse, Kozel, & Richards, 1985). No adjustment to NHSDA data is made to correct for this. The methodology used in the NHSDA has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Aquilino, 1994; Turner, Lessler, & Gfroerer, 1992). However, comparisons of NHSDA data with data from surveys conducted in classrooms suggest that underreporting of drug use by youths in their homes may be substantial (Gfroerer, 1993; Gfroerer, Wright, & Kopstein, 1997).

B.4 Incidence Estimates

For diseases, the incidence rate for a population is defined as the number of new cases of the disease, N, divided by the person time, PT, of exposure or

$$IR = \frac{N}{PT}.$$

The person time of exposure can be measured for the full period of the study or for a shorter period. The person time of exposure ends at the time of diagnosis (e.g., Greenberg, Daniels, Flanders, Eley, & Boring, 1996, pp. 16-19). Similar conventions are applied for defining the incidence of first use of a substance.

Beginning in 1999, the NHSDA questionnaire allows for collection of year and month of first use for recent initiates. Month, day, and year of birth are also obtained directly or imputed in the process. In addition, the questionnaire call record provides the date of the interview. By imputing a day of first use within the year and month of first use reported or imputed, the key respondent inputs in terms of exact dates are known. Exposure time can be determined in terms of days and converted to an annual basis.

Having exact dates of birth and first use also allows the person time of exposure during the targeted period, t, to be determined. Let the target time period for measuring incidence be specified in terms of dates; for example, the period 1998 would be specified as

$$t = [t_1, t_2) = [1\,Jan\,1998, 1\,Jan\,1999),$$

a period that includes 1 January 1998 and all days up to but not including 1 January 1999. The target age group can also be defined by a half-open interval as $a = [a_1, a_2)$. For example, the age group 12 to 17 would be defined by $a = [12, 18)$ for persons at least age 12, but not yet age 18. If person i was in age group a during period t, the time and age interval, $L_{t,a,i}$, can then be determined by the intersection:

$$L_{t,a,i} = [t_1,t_2) \cap [DOB_i MOB_i YOB_i + a_1, DOB_i MOB_i YOB_i + a_2),$$

assuming the time of birth can be written in terms of day (DOB_i), month (MOB_i), and year (YOB_i). Either this intersection will be empty ($L_{t,a,i} = \emptyset$) or it will be designated by the half-open interval, $L_{t,a,i} = [m_{1,i}, m_{2,i})$, where

$$m_{1,i} = Max\{t_1, (DOB_i MOB_i YOB_i + a_1)\}$$

and

$$m_{2,i} = Min\{t_2, (DOB_i MOB_i YOB_i + a_2)\}.$$

The date of first use, $t_{fu,d,i}$, is also expressed as an exact date. An incident of first drug *d* use by person *i* in age group *a* occurs in time *t* if $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$. The indicator function $I_i(d, a, t)$ used to count incidents of first use is set to 1 when $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$ and to 0 otherwise. The person-time exposure measured in years and denoted by $e_i(d,a,t)$ for a person *i* of age group *a* depends on the date of first use. If the date of first use precedes the target period ($t_{fu,d,i} < m_{1,i}$), then $e_i(d,a,t) = 0$. If the date of first use occurs after the target period or if person *i* has never used drug *d*, then

$$e_i(d,a,t) = \frac{m_{2,i} - m_{1,i}}{365}.$$

If the date for first use occurs during the target period $L_{t,a,i}$, then

$$e_i(d,a,t) = \frac{t_{fu,d,i} - m_{1,i}}{365}.$$

Note that both $I_i(d,a,t)$ and $e_i(d,a,t)$ are set to 0 if the target period $L_{t,a,i}$ is empty (i.e., person *i* is not in age group *a* during any part of time t). The incidence rate is then estimated as a weighted ratio estimate:

$$IR(d,a,t) = \frac{\sum_i w_i I_i(d,a,t)}{\sum_i w_i e_i(d,,a,t)}$$

where the w_i are the analytic weights.

Prior to the 1999 survey, exact date data were not available for computing incidence rates. For these rates, a person was considered to be of age *a* during the entire time interval *t*, if his/her a^{th} birthday occurred during time interval *t* (generally, a single year). If the person initiated use during the year, the person-time exposure was approximated as one-half year for all such persons rather than computing it exactly for each person.

Because of the new methodology, the incidence estimates discussed in Chapter 5 are not strictly comparable with the estimates before the 1999 NHSDA. The estimates in this report are based on retrospective reports of age at first drug use by survey respondents interviewed during 1999 to 2001. Because they are based on retrospective reports as was the case for earlier estimates, they may be subject to some of the same kinds of biases.

Bias due to differential mortality occurs because some persons who were alive and exposed to the risk of first drug use in the historical periods shown in the tables died before the 1999-2001 NHSDAs were conducted. This bias is probably very small for estimates shown in this report. Incidence estimates are also affected by memory errors, including recall decay (tendency to forget events occurring long ago) and forward telescoping (tendency to report that an event occurred more recently than it actually did). These memory errors would both tend to result in estimates for earlier years (i.e., 1960s and 1970s) that are downwardly biased (because of recall decay) and estimates for later years that are upwardly biased (because of telescoping). There is also likely to be some underreporting bias due to social acceptability of drug use behaviors and respondents' fear of disclosure. This is likely to have the greatest impact on recent estimates, which reflect more recent use and reporting by younger respondents. Finally, for drug use that is frequently initiated at age 10 or younger, estimates based on retrospective reports 1 year later underestimate total incidence because 11-year-old (and younger) children are not sampled by the NHSDA. Prior analyses showed that alcohol and cigarette (any use) incidence estimates could be significantly affected by this. Therefore, for these drugs only 2000 age-specific, and not overall, estimates were made. Likewise for these drugs, 1999 estimates were made using 2001 NHSDA data and 1998 estimates were made using 2000 and 2001 NHSDA data.

B.5 Serious Mental Illness Estimates

For the 2001 NHSDA, mental health among adults was measured using a scale to ascertain serious mental illness (SMI). This scale consisted of six questions that ask respondents how frequently they experienced symptoms of psychological distress during the 1 month in the past year when they were at their worst emotionally. The use of this scale is based on a methodological study designed to evaluate several screening scales for measuring SMI in the NHSDA. These scales consisted of a truncated version of the World Health Organization (WHO) Composite International Diagnostic Interview Short Form (CIDI-SF) scale (Kessler, Andrews, Mroczek, Üstün, & Wittchen, 1998), the K10/K6 scale of nonspecific psychological distress (Furukawa, Andrews, Slade, & Kessler, in press), and the WHO Disability Assessment Schedule (WHO-DAS) (Rehm et al., 1999).

The methodological study to evaluate the scales consisted of 155 respondents selected from a first-stage sample of 1,000 adults aged 18 or older. First-stage respondents were selected from the Boston metropolitan area and screened on the telephone to determine whether they had any emotional problems. Respondents reporting emotional problems at the first stage were oversampled when selecting the 155 respondents at the second stage. The selected respondents were interviewed by trained clinicians their home using both the NHSDA methodology and using a structured clinical interview. The first interview included the three scales described above using audio computer-assisted self-interviewing (ACASI). Respondents completed the ACASI portion of the interview without discussing their answers with the clinician. After completing the ACASI interview, respondents were then interviewed using the 12-month nonpatient version of the Structured Clinical Interview for DSM-IV (SCID) (First, Spitzer, Gibbon, & Williams, 1997) and the Global Assessment of Functioning (GAF) (Endicott, Spitzer, Fleiss, & Cohen, 1976) to classify respondents as either having or not having SMI.

The data from the 155 respondents were analyzed using logistic regression analysis to predict SMI from the scores on the screening questions. Analysis of the model fit indicated that each of the scales alone and in combination were significant predictors of SMI and the best fitting models contained either the CIDI-SF or the K6/K10 alone. Receiver operating characteristic (ROC) curve analysis was used to evaluate the precision of the scales to discriminate between respondents with and without SMI. This analysis indicated that the K6 was the best predictor. The results of the methodological study are described in more detail in a forthcoming paper (Kessler et al., in press).

To score the items on the K6 scales, they were first coded from 0 to 4 and summed to yield a number between 0 and 24. This involved transforming response categories for the six questions (DSNERV1, DSHOPE, DSFIDG, DSNOCHR, DSEFFORT, and DSDOWN) given below so that "all of the time" is coded 4, "most of the time" is coded 3, "some of the time" 2, "a little of the time" 1, and "none of the time" 0, with "don't know" and "refuse" also coded 0. Summing across the transformed responses obtains a score with a range from 0 to 24. Respondents with a total score of 13 or greater were classified as having a past year SMI. This cutpoint was chosen to equalize false positives and false negatives.

The questions comprising the K6 scale are given below:

DSNERV1 Most people have periods when they are not at their best emotionally. Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed. If there was no month like this, think of a typical month.

During that month, how often did you feel nervous?

1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time
DK/REF

Response categories are the same for the following questions:

DSHOPE During that same month when you were at your worst emotionally . . .how often did you feel hopeless?

DSFIDG During that same month when you were at your worst emotionally . . . how often did you feel restless or fidgety?

DSNOCHR During that same month when you were at your worst emotionally . . . how often did you feel so sad or depressed that nothing could cheer you up?

DSEFFORT During that same month when you were at your worst emotionally . . . how often did you feel that everything was an effort?

DSDOWN During that same month when you were at your worst emotionally . . . how often did you feel down on yourself, no good, or worthless?

Table B.1 Summary of 2001 NHSDA Suppression Rules

Estimate	Suppress if:
Prevalence rate, $\hat{p}$, with nominal sample size, n, and design effect, $deff$	The estimated prevalence rate, $\hat{p}$, is < 0.00005 or ≥ 0.99995, or $\dfrac{SE(\hat{p})/\hat{p}}{-\ln(\hat{p})} > 0.175$ when $\hat{p} \le 0.5$, or $\dfrac{SE(\hat{p})/(1-\hat{p})}{-\ln(1-\hat{p})} > 0.175$ when $\hat{p} > 0.5$, or $\mathit{Effective}\ n < 68$, or $n < 100$ where $\mathit{Effective}\ n = \dfrac{n}{deff}$ Note: The rounding portion of this suppression rule for prevalence rates will produce some estimates that round at one decimal place to 0.0 or 100.0 percent but are not suppressed from the tables.
Estimated number (numerator of $\hat{p}$)	The estimated prevalence rate, $\hat{p}$, is suppressed. Note: In some instances when $\hat{p}$ is not suppressed, the estimated number may appear as a 0 in the tables; this means that the estimate is > 0 but < 500 (estimated numbers are shown in thousands).
Mean age at first use, $\bar{x}$, with nominal sample size, n	$RSE(\bar{x}) > 0.5$, or $n < 10$
Incidence rate, $\hat{r}$	Rounds to < 0.1 per 1,000 person-years of exposure, or $RSE(\hat{r}) > 0.5$
Number of initiates, $\hat{t}$	Rounds to < 1,000 initiates, or $RSE(\hat{t}) > 0.5$

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

Table B.2 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDAs, by Screening Result Code

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Screening Result	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Sample	223,868	100.00	215,860	100.00	203,544	100.00
Ineligible cases	36,026	15.78	33,284	15.09	32,025	15.40
Eligible cases	187,842	84.22	182,576	84.91	171,519	84.60
Ineligibles	36,026	100.00	33,284	100.00	32,025	100.00
Vacant	18,034	49.71	16,796	50.76	16,489	51.71
Not a primary residence	4,516	12.90	4,506	13.26	4,706	14.69
Not a dwelling unit	4,626	12.70	3,173	9.33	2,913	8.66
All military personnel	482	1.22	414	1.21	327	0.93
Other, ineligible	8,368	23.46	8,395	25.43	7,590	24.00
Eligible Cases	187,842	100.00	182,576	100.00	171,519	100.00
Screening complete	169,166	89.63	169,769	92.84	157,471	91.86
No one selected	101,537	54.19	99,999	55.36	90,530	52.11
One selected	44,436	23.63	46,981	25.46	43,601	25.94
Two selected	23,193	11.82	22,789	12.03	23,340	13.82
Screening not complete	18,676	10.37	12,807	7.16	14,048	8.14
No one home	4,291	2.38	3,238	1.82	3,383	1.90
Respondent unavailable	651	0.36	415	0.24	392	0.24
Physically or mentally incompetent	419	0.24	310	0.16	357	0.20
Language barrier—Hispanic	102	0.06	83	0.05	130	0.09
Language barrier—other	486	0.28	434	0.27	590	0.39
Refusal	11,097	5.92	7,535	4.14	8,525	4.93
Other, access denied	1,536	1.08	748	0.45	613	0.35
Other, eligible	38	0.02	7	0.00	9	0.00
Other, problem case	56	0.03	37	0.02	49	0.03

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table B.3 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDAs, by Final Interview Code, *among Persons Aged 12 or Older*

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	89,883	100.00	91,961	100.00	89,745	100.00
Interview complete	66,706	68.55	71,764	73.93	68,929	73.31
No one at dwelling unit	1,795	2.13	1,776	2.02	1,728	2.00
Respondent unavailable	3,897	4.53	3,058	3.52	2,953	3.30
Breakoff	50	0.07	72	0.09	79	0.12
Physically/mentally incompetent	1,017	2.62	1,053	2.57	1,020	2.43
Language barrier—Spanish	168	0.12	109	0.08	190	0.17
Language barrier—Other	480	1.46	441	1.06	470	1.30
Refusal	11,276	17.98	10,109	14.99	10,961	15.60
Parental refusal	2,888	1.01	2,655	0.88	2,517	0.92
Other	1,606	1.53	924	0.86	898	0.86

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table B.4 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDAs, by Final Interview Code, *among Youths Aged 12 to 17*

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	32,011	100.00	31,242	100.00	28,188	100.00
Interview complete	25,384	78.07	25,756	82.58	23,178	82.18
No one at dwelling unit	322	1.09	278	0.86	254	0.92
Respondent unavailable	872	3.04	617	2.05	551	2.13
Breakoff	13	0.03	18	0.05	17	0.05
Physically/mentally incompetent	244	0.76	234	0.76	219	0.79
Language barrier—Spanish	15	0.03	10	0.03	18	0.08
Language barrier—Other	58	0.18	50	0.20	34	0.11
Refusal	1,808	5.97	1,455	4.52	1,247	4.14
Parental refusal	2,885	9.50	2,641	8.35	2,517	8.95
Other	410	1.33	183	0.59	153	0.64

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table B.5 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDAs, by Final Interview Code, *among Persons Aged 18 or Older*

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	57,872	100.00	60,719	100.00	61,557	100.00
Interview complete	41,322	67.41	46,008	72.92	45,751	72.29
No one at dwelling unit	1,473	2.25	1,498	2.16	1,474	2.12
Respondent unavailable	3,025	4.71	2,441	3.69	2,402	3.43
Breakoff	37	0.07	54	0.09	62	0.13
Physically/mentally incompetent	773	2.85	819	2.78	801	2.62
Language barrier—Spanish	153	0.13	99	0.09	172	0.18
Language barrier—Other	422	1.62	391	1.16	436	1.43
Refusal	9,468	19.41	8,654	16.22	9,714	16.92
Parental refusal	3	0.00	14	0.01	0	0.00
Other	1,196	1.55	741	0.89	745	0.88

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table B.6 Response Rates and Sample Sizes for the 1999 to 2001 NHSDAs, by Demographic Characteristics

	1999 NHSDA			2000 NHSDA			2001 NHSDA		
	Selected Persons	Completed Interviews	Weighted Response Rate	Selected Persons	Completed Interviews	Weighted Response Rate	Selected Persons	Complete d Interviews	Weighted Response Rate
Total	**89,883**	**66,706**	**68.55%**	**91,961**	**71,764**	**73.93%**	**89,745**	**68,929**	**73.31%**
Age in Years									
12-17	32,011	25,384	78.07%	31,242	25,756	82.58%	28,188	23,178	82.18%
18-25	30,439	22,151	71.21%	29,424	22,849	77.34%	30,304	22,931	75.51%
26 or older	27,433	19,171	66.76%	31,295	23,159	72.17%	31,253	22,820	71.75%
Gender									
Male	43,883	31,987	67.12%	44,899	34,375	72.68%	43,949	33,109	71.92%
Female	46,000	34,719	69.81%	47,062	37,389	75.09%	45,796	35,820	74.58%
Race/Ethnicity									
Hispanic	11,203	8,755	74.59%	11,454	9,396	77.95%	10,885	8,777	78.78%
White	63,211	46,272	67.98%	64,517	49,631	73.39%	63,228	48,016	72.65%
Black	10,552	8,044	70.39%	10,740	8,638	76.19%	10,584	8,295	74.98%
All other races	4,917	3,635	59.28%	5,250	4,099	67.31%	5,048	3,841	66.65%
Region									
Northeast	16,794	11,830	64.03%	18,959	14,394	71.68%	19,180	14,444	71.02%
Midwest	24,885	18,103	69.63%	25,428	19,355	73.23%	25,560	19,212	73.25%
South	27,390	21,018	70.93%	27,217	22,041	76.38%	26,278	20,609	74.44%
West	20,814	15,755	67.47%	20,357	15,974	72.68%	18,727	14,664	73.51%
County Type									
Large metropolitan	36,101	25,901	65.15%	37,754	28,744	71.77%	35,395	26,403	71.00%
Small metropolitan	30,642	22,612	69.98%	31,400	24,579	74.96%	31,740	24,575	74.66%
Nonmetropolitan	23,140	18,193	74.97%	22,807	18,441	77.58%	22,610	17,951	76.72%

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Appendix C: Effects of Changes in Survey Protocol on Trend Measurement

C. 1 Background

The 2001 National Household Survey on Drug Abuse (NHSDA) results showed some unexpected increases in trend measures, particularly in the lifetime use of marijuana. As a result, a review of any methodological changes and their potential impact on estimates of prevalence was conducted concurrently with preparation of this report. The ultimate focus of this review centered on two methodological issues. The first was an embedded experimental design studying the impact of two alternative monetary incentive procedures. The second was the implementation of a field interviewer (FI) observation plan that led to the implementation of a continuing training and supervision program whose aim was the improvement in compliance with the intended data collection protocols.

Comparable protocols for data collection, data processing, sample design, and statistical analysis applied to each annual survey are essential for effective measurement of trends in substance use. Although a major shift in survey methodology occurred in 1999 with the introduction of computer-assisted data collection and a new 50-State sample design, the goal since then has been to maintain a consistent protocol in all areas following that transition. However, this goal did not appear to be inconsistent with maintaining or improving response rates, implementing procedures to ensure compliance with the established protocols, or implementing a general program of data quality improvement.

Due to concerns with response rates, an experimental study of the impact of monetary incentives was designed and implemented in the first two quarters of 2001. The design involved a sample of 251 FI regions (out of a total of 900 FI regions nationally). During the first quarter, one of the two monetary incentives ($20 or $40) was offered to respondents for completing the computer-assisted interviewing (CAI) questionnaire in one randomly selected segment in each FI region. There was no incentive offered in the other sample segment. During the second quarter, the other incentive amount was offered to respondents for completing the CAI questionnaire in one randomly selected segment. The sample of FI regions selected for the incentive experiment was selected to be nationally representative (with proper weighting) and to include a higher proportion of areas known to have historically low response rates. Because the experiment was embedded in the national sample, the incentives offered had some influence on national response rates. The embedded experimental design and the total sample design are summarized in Table C.1 at the end of the appendix. The FI regions involved in the incentive experiment constituted about 28 percent of all FI regions, but the sample area segments where any incentive was offered constituted only about 7 percent of all area segments.

A program of FI observation was initiated in quarters 1 and 2. An initial 39 FIs were observed between February 3rd and April 15th. An additional 111 FIs were observed between July 1st and August 11th.

As a result of the field observations, an emphasis was placed on conforming with established study protocols. Special telephone training sessions were developed emphasizing correct screening and interviewing procedures and the need to follow established protocols. A guidance document, *Steps to Maximize Data Quality*, was reviewed with all FIs in early July. Additional guidelines for training interviews, *Reviewing NHSDA Procedures*, were developed and used by field supervisors in a series of six weekly conference calls with interviewers over the period from October 22nd through November 26th. Session topics included screening, transition from screening to interview, front- and back-end computer-assisted personal interviewing (CAPI) portions (two sessions), properly administering audio computer-assisted self-interviewing (ACASI), and verification and wrap-up. Although this special training did not define any change in protocol, it did enforce the need to follow established protocol and, as a result, could have influenced the comparability of 2000 and 2001 data primarily for the last 6 months of the year.

A number of special analyses were initiated to investigate potential explanations for the observed 2000 to 2001 change in prevalence measures. These can be grouped as follows:

- review of postsurvey data-processing procedures (editing, imputation, and weighting);
- analysis of the incentive experiment effects;
- further analysis of FI experience effects;
- further analysis of historic response rate and changes in response rate;
- analysis of proxy measures of FI behavior (timing, debriefing questions, etc.);
- alternative measures of change based on retrospective data;
- focused analysis on first two quarters of 2000 and 2001; and
- questionnaire changes.

C.2 Postsurvey Data Processing

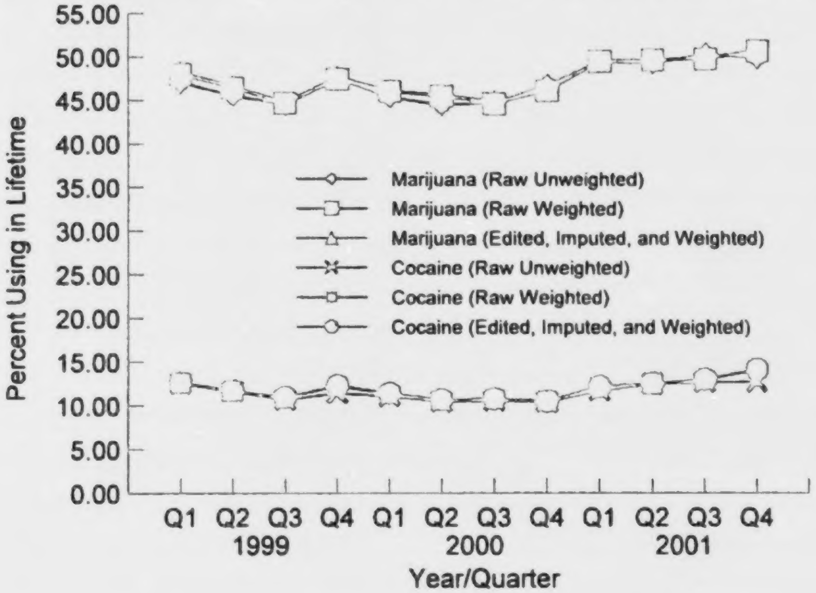
The effects of editing, imputation, and weighting on prevalence measures were examined by comparing estimates before and after processing. Comparable estimates were produced by quarterly subsamples and by age groups to identify any unusual impacts limited to shorter time periods or to a subset of the data.

An important set of initial analyses focused on unedited respondent data. These analyses investigated whether increases in prevalence in 2001 might be due in part to increased reporting of drug use by respondents prior to the data being edited or imputed. Trends in unedited data among specific age groups were examined by quarter for 1999 to 2001, both on an unweighted and weighted basis. To promote consistency in the examination of the trends, data resulting from changes to the instrument in 2000 and 2001, such as the addition of those described in Section C.9, were generally not taken into account.

For most of the drug use measures and age groups, the unedited trend data indicated that the significant differences in drug use estimates between 2000 and 2001 were due to higher percentages of respondents reporting drug use in at least some quarters of 2001. These results held for both weighted and unweighted data. Therefore, the unedited, unimputed, and unweighted data indicated the same trends as the fully processed data.

Figure C.1 shows the overall impact of the editing, imputing, and weighting processes on lifetime marijuana and cocaine use estimates for persons aged 18 to 25. Plots across quarters are shown for raw unweighted data, for raw weighted data, and for edited, imputed, and weighted data. Note that the raw (unedited) weighted data and the edited, imputed, and weighted data track very tightly across quarters. The raw unweighted data exhibits a different level than the other two measures in most quarters, but shows the same general trend over longer periods of time.

Figure C.1 Lifetime Marijuana and Cocaine Use among 18 to 25 Year Olds, by Year and Quarter: 1999, 2000, and 2001



C.3 Incentive Experiment Effects

The results of the incentive experiment were reported by Eyerman and Bowman (2001). Selected conclusions from their report are as follows:

- The \$20 and \$40 incentive payments each produced about a 10-point gain in overall response rates when compared with the \$0 control group. The overall response rate was significantly higher for \$40 than the \$20 incentive within many of the subgroups addressed in the analysis.

- Both incentive payment treatments more than paid for themselves due to decreased costs of follow-up and more productive screening resulting from the improved response rates.

- Some significant differences in prevalence rates were noted in comparisons between the \$40 treatment and the control in some of the age, race, and historical response rate groups: two cases of significantly higher past month alcohol use and one case of significantly lower past month cigarette use.

Wright, Bowman, Butler, and Eyerman (2002) conducted additional analysis of the 2001 incentive experiment. By adjusting the weights for predicted response propensity based on incentive treatment (and other covariates), applying regression models to the full sample data, and combining \$20 and \$40 as a single treatment level, they obtained statistically significant incentive effects on prevalence measures for past year use of marijuana (a positive effect with $p = .027$) and for past month use of cocaine (a negative effect with $p = .033$). Past month marijuana use showed a marginally significant positive effect for incentives ($p = .055$). Surprisingly, no relationship (after adjustment for other covariates) was found between incentives and lifetime use of marijuana. This may indicate that most persons were willing to report lifetime marijuana use without an incentive, possibly because lifetime use is not as stigmatized. All four sets of regression analyses also showed a negative relationship of prevalence measures with historic response rates.

Preliminary data review indicated some possible carryover effects of the experiment into quarters 3 and 4 of 2001. To study these potential effects, the data for 1999, 2000, and 2001 were partitioned based on the 251 FI regions involved in the incentive experiment and the remaining 649 non-incentive experiment FI regions (see Table C.1). The special weight developed for analyzing the incentive experiment was applied to the 251 incentive experiment FI regions; a pseudo-weight was developed for the 649 non-incentive experiment areas. Both sets of weights were adjusted to estimate the total population. To partially calibrate the weights for the two subpopulations, poststratification by gender and five age categories was implemented.

Although prevalence rates between the incentive FI regions and non-incentive FI regions were not the primary interest, statistical tests were applied to determine whether the incentive regions produce higher prevalence rates. Prevalence estimates for five substances (marijuana, cocaine, cigarettes, alcohol, and hallucinogens) at three recency of use levels (lifetime, past year, and past month) and for three dependency measures (illicit drugs, alcohol, and marijuana) were analyzed. Based on four quarters (even though the incentive experiment was only fielded in the

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251 FI regions in quarters 1 and 2) of data across all age groups, only lifetime marijuana showed a statistically significant difference between incentive and non-incentive FI regions in 2001; the higher estimate was measured for the incentive FI regions.

Additional statistical tests were applied to trend measures (year-to-year change) for the two samples. Estimates of change from 2000 to 2001 for these 15 prevalence and 3 dependence measures were positive in every case for both subsamples. Both subsamples showed statistically significant positive trend for five measures: lifetime marijuana, past year marijuana, past year cocaine, past year alcohol, and past year hallucinogens. For these five measures, the estimated change based on the incentive FI region subsample was always higher or at least as great as the estimated change based on the non-incentive FI region subsample. Only the incentive subsample showed a statistically significant trend measure in seven other cases: lifetime cocaine, lifetime alcohol, lifetime hallucinogens, past month marijuana, past month alcohol, dependence on illicit drugs, and dependence on marijuana. Only the non-incentive subsample showed a statistically significant trend measure in one case: past month hallucinogens. These results offered little direct evidence of carryover effects of the incentive experiment to quarters 3 and 4.

C.4 Field Interviewer Experience Effects

In examining the trend from 1998 to 1999 based on paper-and-pencil interviewing (PAPI), the FI experience was found to be a factor in explaining the observed trend (see Appendix D in Office of Applied Studies [OAS], 2000b). It was discovered that the more experience the interviewers gained, the less likely it was that the respondent would report drug use. Because 1999 was the final year of PAPI, an adjustment procedure was developed through special weight calibration procedures to remove the FI experience effect from the 1998 to 1999 trend measures. It was necessary to do this because the distribution of interviewers by their prior experience was much different in 1999 from what it had been in 1998. This difference in experience occurred because the size of the interviewing staff increased to accommodate an increase in planned sample size from about 25,500 in 1998 to 70,000 in 1999. Table C.2 shows the distribution of interviewers by interviewer's experience in prior years for 1999, 2000, and 2001. Because the size of the interviewing staff required decreased in 2000 and remained stable in 2001, the experience distribution changed again from 1999 to 2000, but remained fairly stable from 2000 to 2001. The 2000 Summary of Findings (OAS, 2001b, pp. 83-90) discusses the potential impact of the change in FI experience on selected measures of prevalence. Because 2000 was the second year in a continuing series of annual estimates based on the new CAI methodology and the impacts of FI experience were small, no adjustments to 1999 or 2000 data were initiated to reflect the change in FI experience. However, had such adjustments been implemented, some of the substance use measures that showed a small, not statistically significant, decrease may have been adjusted to show a small, not statistically significant, increase in 2000 (OAS, 2001b, p. 86 and Table B-17, p. 91).

Analysis of interviewer experience conducted in 1999 and 2000 used a two-part experience variable based on (1) NHSDA experience in a prior year and (2) order of interview in the current year (1-19, 20-39, 40-59, 60-99, 100 or more). A number of analyses were conducted using these variables to see whether the experience effect was diminishing over time. The analyses showed fewer significant interviewer experience effects in 2001 compared with 1999 or

2000, but some effect remained. A single comprehensive measure of interviewer experience was developed that focused primarily on the number of interviews completed since the introduction of CAI in 1999. Three categories were defined as follows:

- *Inexperienced*: 0-39 interviews since January 1, 1999 (and, for the 1999 survey only, no NHSDA experience prior to 1999);
- *Experienced*: 40-99 interviews since January 1, 1999 (and/or, for the 1999 survey only, some NHSDA experience prior to 1999); and
- *Highly experienced*: 100 or more interviews since January 1, 1999.

Based on this definition of prior experience, the distribution of interviews by interviewer experience is shown in Table C.3. The proportion of interviews conducted by highly experienced interviewers continued to grow due to year-to-year retention. The proportion of interviews conducted by inexperienced interviews declined slightly in 2001, while the proportion of interviews conducted by interviewers in the experienced (but not highly experienced) category declined by almost one half.

Because the incentive experiment FI regions were considered to have influenced reported substance use prevalence, a logistic regression analysis restricted to the non-incentive experiment areas was conducted using 1999, 2000, and 2001 data from these areas. Also examined was whether the experience effect may have diminished over the 3-year period, but no clear evidence was found to support this. Improved compliance with the prescribed study protocols might have had a positive (but not detectable) influence on reducing any interviewer experience effects in the last half of the 2001 data collection year. Using the data from all 3 years (649 non-incentive regions only), Table C.4 shows how adjustment for interviewer experience would have affected the odds ratios (ORs) for trends in reported substance use. Unadjusted ORs are based on a simple main effects model (i.e., only the variables designating the survey year) with no covariates. Adjusted ORs are based on the main effects for year-after adjustment for interviewer experience (the three levels shown above), Census region, gender, age group, race/ethnicity, population density, and gender by age interaction. As might be expected due to the continuing shift toward more highly experienced interviewers shown in Table C.3, adjustments for interviewer experience tended to increase the ORs. This general effect also was supported by some a limited number of tabled estimates produced using only data from interviews conducted by inexperienced interviewers.

The relative experience levels of FIs can vary over time in response to the demands of the survey. In addition, the impact of FI experience on the quality of the data can be subtle and thus difficult to control. The higher proportion of inexperienced interviewers in 1999 was the direct result of interviewer staff additions required by the increase in sample size by about threefold in 1999 to accommodate the large sample required for the 50-State design and a sample supplement completed using the 1998 and prior year PAPI mode. Since then, the size of the interviewing staff has stabilized and declined somewhat as the most productive interviewers have been retained, but experience has continued to accumulate resulting in a higher proportion of highly experienced interviewers (those having completed 100 or more interviews since January 1, 1999).

Adjustments in trend measures for the changes in interviewer experience distributions had the effect of increasing selected substance use estimates for 2000 relative to 1999 and for 2001 relative to 2000. However, it needs to be noted that the estimated experience effect in this model was based on an average across all 3 years and that training effects in 2001 may have resulted in significantly reducing the experience effect, especially in the second half of the year. Some of the training and supervision methods implemented in 2001 were precisely what was needed to make sure that experienced interviewers continued to follow the proper survey protocol long after their initial comprehensive training. The fact that they were successful is supported by the data showing the reduction in the percentage of short interviews discussed in Section C.6.

C.5 Changes in Response Rates

Final analytic weights are adjusted for nonresponse and calibrated to agree with Census projections for geographic and selected demographic population distributions. Unadjusted, but design-based, weights were used to examine quarterly response rates by age, gender, and population density to see whether patterns of nonresponse were changing in any systematic way. The unadjusted weights also were used to examine the quarterly weighted distributions of study respondents by gender, race, Hispanic origin, population density, marital status, education, employment status, and income and program participation. No large or unusual shifts in distributions were noted across quarters. It should also be noted that some of the variations by quarter in these distributions were, subsequently, removed by the weight calibration process.

The incentive experiment clearly showed that incentives increased response rates in 2001 among those cases receiving a $20 or $40 incentive. Increased response rates also occurred in 2000, but these were attributed to more adequate interviewer staffing, a general improvement in interviewer performance as a result of continuing interviewers accumulating experience and improving interviewing skills, retention of the interviews with successful records, and fine-tuning of training and supervisory practices. If the offering of incentives to respondents improves response and concurrently increases some prevalence measures, the reason for the increase in prevalence measures could be explained in at least two ways:

1. Persons who responded with incentives, but would not have responded without them, are different and have higher substance use than persons who would respond with or without incentives.

2. Incentives motivate (or obligate) respondents to admit to substance use that they might not have admitted without the incentive.

In the modeling work done to evaluate incentive effects discussed above, historic response rates were found consistently to be negatively related to substance use prevalence. Because the historic response rate is observed and not controlled in any experimental fashion, this relationship does not imply causation and could simply indicate that other unknown factors lead to both lower response rates and higher substance use.

To try to understand the impact that changing response rates might have on prevalence rates, the 900 FI regions were classified by three levels of historic response rates and three levels of annual change in response rate. The change in reported prevalence rates for these nine subgroups were then measured for 1999 to 2001. The historic response rate levels were as follows:

- *Low*: Less than 63 percent response rate in the initial year;
- *Midrange*: 63 to 77 percent response rate in the initial year; and
- *High*: Above 77 percent response rate in the initial year.

The annual changes in response rates were classified as follows:

- decrease by 5 percent or more,
- little change (less than 5 percent), and
- increase by 5 percent or more.

Twelve measures (lifetime, past year, and past month reported use of any illicit drug, any illicit drug except marijuana, marijuana, and psychotherapeutics) were studied. All 12 measures showed statistically significant increases from 2000 to 2001. Only one statistically significant change from 1999 to 2000 was detected for these same 12 measures, and it was a negative change. Table C.5 summarizes an analysis of the observed changes from 1999 to 2000 and from 2000 to 2001. Surprisingly, the largest relative increases in prevalence measures occurred in 2001 in areas where the 2000 response rate was already high and was then increased even more; in this group of FI regions, the average relative increase in the 12 substance use measures was over 47 percent compared with about 15 percent over all regions.

The pattern of change from 1999 to 2000 is less clear perhaps as a result of the several reasons for poor response that occurred in 1999, the startup year for the expanded 50-State sample design.

Although Table C.5 shows the relationship between response rates and prevalence levels for 2000 and 2001, it needs to be noted that overall response rates remained fairly constant at 68 percent. The overall implication of Table C.5 is that the increases in prevalence occurred in almost all cells without regard to historic or current response rates.

C.6 Field Interviewer Behaviors

As noted above, empirical results adjusted for respondent characteristics show that respondents interviewed by experienced interviewers report lower substance use measures than respondents interviewed by inexperienced interviewers. Mean times required to complete interviews were considered, but did not appear to be a fair measure of interviewer behavior or interviewer influence with the respondent. Given the branching patterns of the CAI instrument, it is inevitable that respondents reporting more substance use will require more time to complete the questionnaire. However, extremely short interview times might indicate some shortcuts or inappropriate prompting of the respondent. An unusually short interview was defined as one completed in 30 minutes or less for the entire questionnaire or 5.8 minutes or less for the core questions completed privately by the respondent. For this analysis, an inexperienced interviewer is defined as one who had completed 20 or fewer CAI interviews since January 1, 1999.

Comparisons of the percentage of short interviews by experience of interviewer were done quarterly for both the entire questionnaire and for the core sections. Quarterly averages are shown in Table C.6 for 1999, 2000, and 2001. Because of some changes to the questionnaire in the modular sections, annual changes in the percentage of short questionnaire times based on the full questionnaire do not accurately reflect any trend. The timing data for the core questionnaire, which remains relatively stable, does allow interpretation of annual changes. The important finding is that the difference between experienced and inexperienced interviewers declined from year to year for both the entire questionnaire and the core sections. In addition, the core questionnaire timing data show that the percentage of questionnaires with short interview times declined by a factor of about 3 for both experienced and inexperienced interviewers between 1999 and 2001. This is important because the core sections of the questionnaire are where questions are asked about substance use and recency of use. Thus, the decrease in short interviews between 2000 and 2001, especially in the core sections, could be a contributory factor to the increased prevalence rates in 2001. This would especially affect the lifetime prevalence rates because the first question always asks the respondent whether he or she has ever used the substance.

In 1999, 2000, and 2001, two comparable interviewer debriefing questions were asked:

Was it necessary for you to assist the respondent in completing the ACASI portion of this interview?

How often did this respondent let you know what his or her answers were as he or she completed the ACASI portion of the interview?

1 = None of the time–I do not know what any of the answers are.
2 = A little of the time–I know what a few of the answers are.
3 = Some of the time–I know what some of the answers are.
4 = A lot of the time–I know what a lot of the answers are.
5 = All of the time–I know what all of the answers are.

Table C.7 shows the unweighted responses given by interviewers to these questions in 1999, 2000, and 2001. The proportion of respondents receiving assistance remained fairly low in all 3 years, but was highest in 2001 at 3.50 percent. The proportion of interviews for which the interviewer knew a little to all of the answers decreased from 1999 to 2001 with the largest decrease (over 2 percent) occurring between 2000 and 2001. This decrease in the overall percentage of cases where the interviewer reported knowledge of the respondent's answers to the ACASI questions occurred in spite of the increase in the number of respondents receiving some assistance from the interviewer.

C.7 Retrospective Measures of Change in Lifetime Use

The 1999, 2000, and 2001 estimates of the number of lifetime users of marijuana and cocaine show decreases from 1999 to 2000 and unusually large increases from 2000 to 2001. Analysis of data on initiation of use suggests intermediate increases in lifetime use in both 2000 and 2001.

Better measures of change in substance use measures could be obtained with longitudinal samples. Longitudinal data permit one to identify the proportion of people who change their behavior in some way, causing the level of key estimates to increase or decrease. Another method of getting the same information is through retrospective questions that ask the respondent to report current status of substance use and compare it with his/her status of substance use some time earlier, say, a year earlier. Because of problems with memory, particularly related to times that certain behaviors may have begun or ended, the retrospective method may be difficult to implement. For lifetime use measures, it is currently possible to construct an indicator variable that specifies whether the respondent was already a lifetime user a year earlier. Respondents are asked their age at the time of first use, and, if that age is within 1 year of their current age, the respondent also is asked for the month and year of first use. This information, along with the date of the interview, can be used to determine whether the respondent first became a lifetime user during the past year. The current questionnaire does not identify the respondent's earlier status as a past year or past month user except that he/she must have been a lifetime user to qualify as a past year or past month user.

Some preliminary estimates were constructed for annual change in lifetime use status based on the retrospective data derived from current status and date of first use as described above. The methodology ignored the effects of mortality and may understate the change for older age groups where some lifetime users a year earlier are not represented in the change because of death prior to the current survey. Tables C.8 and C.9 compare estimates of change in the number of lifetime users of marijuana and cocaine based on the retrospective estimates from current year data versus differences between current estimates and estimates obtained a year earlier. For both substances, the retrospective method shows an increase in the number of lifetime users for both 2000 and 2001, with the larger increase occurring in 2001. As noted above, the annual-estimates approach shows an overall decrease from 1999 to 2000 and much larger increase from 2000 to 2001.

The increases in the numbers of lifetime users among the older age groups (35 to 49 and 50 or older) is primarily caused by lifetime users from younger cohorts aging into the higher age categories; only very small portions of the increases in these age groups are due to initiation of use during the past year by persons in these age groups. Although more initial users are found among persons aged 26 to 34, the cohort shift is much larger and actually has had the effect of reducing the number of lifetime users in this age group over the 2-year period.

C.8 Analysis Focused on First 6 Calendar Months

One of the final analyses conducted was to produce a subset of the summary tables using data from only the first 6 months of each year and only from the set of FI regions that were not involved in the incentive experiment. The first 6 months were selected to avoid any possible impact of the telephone training procedures on compliance with survey protocols initiated in July 2001. The non-incentive FI regions were chosen to exclude any direct or indirect effects of the incentive experiment. Table C.10 shows some selected comparisons with the full sample data for persons aged 18 to 25. In general, the data for the first 6 months in the non-incentive FI regions showed smaller measures of change with fewer statistically significant trend measures than those based on complete samples for both years. Some of the reduction in statistically significant findings was, of course, due to the reduction in sample size when looking at a subset of the total data. Some of the reduced change is due to limiting of the sample to the non-incentive regions and to the first half of the year when the training effect was less. However, because the change based on the first 6 months was generally only slightly smaller than for the full sample, strong evidence remained for concluding that substance use increased for many of the substances measured.

C.9 Questionnaire Change

Changes to the questionnaire in 2001 also were examined to assess whether some increases in drug use prevalence in 2001 might be attributable to the addition of new questions. However, not all increases in drug use prevalence could be attributed to questionnaire changes. In particular, the content of the sections for marijuana, cocaine, and cigarettes were exactly the same in 2000 and 2001. Thus, the increase in lifetime marijuana use in 2001 that was shown in Figure C.1 for adults aged 18 to 25 could not be explained by changes to the questionnaire.

One change to the questionnaire in 2001 was that follow-up probes were added to persuade respondents to reconsider their answers if they initially refused to indicate whether they had ever used Ecstasy (MDMA) or methamphetamine, or if they refused all questions pertaining to lifetime use of inhalants, pain relievers, tranquilizers, stimulants, or sedatives. However, no respondents who initially refused all questions about lifetime use of inhalants, pain relievers, tranquilizers, stimulants, or sedatives indicated on follow up that they had ever used these drugs. Similarly, no respondents who initially refused to answer the question about lifetime methamphetamine use indicated use on follow-up and only two respondents who initially refused the lifetime Ecstasy question indicated use on follow-up. Therefore, the significant increases in estimates of lifetime use should not be explained by the addition of these new follow-up probes in 2001.

Another important change to the questionnaire in 2001 involved the addition of new questions pertaining to the initiation and recency of use of the hallucinogen Ecstasy. As in 2000, respondents in 2001 also were asked questions about their initiation and recency of use of LSD or PCP. If respondents in 2001 reported more recent use of a specific hallucinogen (i.e., LSD, PCP, or Ecstasy) than what they reported for their recency of use of any hallucinogen, they were prompted to resolve this inconsistency in their answers. If respondents did not resolve the inconsistency (i.e., by changing their general hallucinogen recency to indicate more recent use or by changing the recency for LSD, PCP, or Ecstasy to indicate less recent use), the editing procedures that had been in place since 1999 favored the information that indicated the most recent use of a hallucinogen. Suppose, for example, that a respondent indicated use of Ecstasy in the past 30 days and indicated use of any hallucinogen more than 30 days ago but within the past 12 months. The respondent would be alerted that these two answers disagreed. If the respondent on follow-up again indicated last using Ecstasy in the past 30 days, the editing procedures logically inferred that this respondent had last used any hallucinogen in the past 30 days. Thus, the new question about recency of use of Ecstasy provided respondents an additional opportunity to indicate more recent use of any hallucinogen. The new questions about Ecstasy use also provided additional data that were not available in 2000 for use in logically editing the hallucinogen recency of use variable.

Table C.11 shows some comparisons of estimates with and without additional questions or follow-up probes. To produce the estimates without the additional questions, the data were re-edited and re-imputed without taking into account information present in these new questions. The largest changes in the estimates occurred for hallucinogens and any illicit drugs other than marijuana for persons aged 18 to 25. However, the differences in estimates of hallucinogen and any illicit drug use other than marijuana between 2000 and 2001 were still significant for this age group when the new hallucinogen questions were not taken into account.

The addition of the new hallucinogen questions in 2001 did affect some estimates of use of hallucinogens and any illicit drug except marijuana for the population aged 12 or older and for age groups other than 18 to 25 year olds. The difference in the estimate of past month use of hallucinogens among the population aged 12 or older was significant between 2000 and 2001 when the estimate for 2001 took into account the new questions but was not significant when the new questions were disregarded. Similarly, past year use of hallucinogens among adults aged 26 or older was significantly higher in 2001 when the new questions were taken into account but was not significantly different between the 2 years in the absence of these new questions. For these estimates, it is safer to conclude that some of the change in levels of estimates should be attributed to the questionnaire changes in 2001 that pertained to Ecstasy.

As substance use phenomena change, it can often become necessary to adjust the measuring instrument to reflect those changes. Changes to the questionnaire in 2001 to obtain more and better data about the use of Ecstasy were implemented in this spirit. An analysis that assumed the 2000 form of the questionnaire for both years showed that some of the increases in the estimates for hallucinogens and for any illicit drug other than marijuana were the result of the questionnaire change.

C.10 Summary

It appears safe to conclude that part of the change in substance use indicated by the 2000 and 2001 annual estimates may be a result of noncomparable data collection methodology, including the implementation of an incentive experiment in a subset of the total sample and the steps taken to ensure better compliance with the intended survey protocol. The intention of both was to obtain higher quality data. If these changes increased the level of the estimates in 2001, it is probably safe to say that any bias in the level of these estimates has been reduced, not increased. For comparison with 2001, this type of improvement in the quality of current year data concurrently creates a bias in the measures of change. The long-term solution to this problem should be to maintain the higher level of data quality in future surveys and concurrently produce quality estimates both of level and of change.

The review of interviewer experience effects (Section C.4) and the analysis of retrospective measures of lifetime use (Section C.7) both support the conclusion that the reductions in lifetime and past year marijuana use in 2000 may have been overstated and that some small increases from 1999 to 2000 were the more likely reality. The restricted comparisons of 2000 to 2001 using the non-incentive areas and the first 6 months of data (Section C.8) continue to support an increase from 2000 to 2001, but of a somewhat smaller magnitude than the complete data would indicate.

Table C.1 Sample Distribution, by Incentive Experiment Treatments

Sample and Experimental Design Parameters	Quarters 1 and 2	Quarters 3 and 4	Total	Percent of Total
Incentive Experiment Areas				
FI regions (Sampling Strata)	251	251	251	27.9
Area Sample Segments (Total)	1,004	1,004	2,008	27.9
No Monetary Incentive	502	1,004	1,506	20.9
$20 Monetary Incentive	251	0	251	3.5
$40 Monetary Incentive	251	0	251	3.5
Remaining Areas				
FI regions (Sampling Strata)	649	649	649	72.1
Area Sample Segments (Total)	2,596	2,596	5,192	72.1
No Monetary Incentive				
All Areas				
FI Regions (Sampling Strata)	900	900	900	100.0
Area Sample Segments	3,600	3,600	7,200	100.0
No Monetary Incentive	3,098	3,600	6,698	93.0
$20 Monetary Incentive	251	0	251	3.5
$40 Monetary Incentive	251	0	251	3.5

Table C.2 Unweighted Counts of Interviewers, by Experience in Prior Years: 1999, 2000, and 2001

Prior Interviewer NHSDA Experience	CAI Interviewers					
	1999		2000		2001	
	No.	%	No.	%	No.	%
None	1,544	86.40	368	27.57	325	28.99
Some	243	13.60	967	72.43	796	71.01
Total	1,787	100.00	1,335	100.00	1,121	100.00

Table C.3 Distribution of Interviews, by Interviewer Experience: Unweighted and Weighted

Interviewer Experience	1999		2000		2001	
	Unwtd.	Wtd.	Unwtd.	Wtd.	Unwtd.	Wtd.
Inexperienced	46.2	47.7	17.4	17.6	14.0	14.7
Experienced	41.1	41.9	28.7	28.7	15.1	14.7
Highly experienced	12.7	10.4	53.9	53.7	70.9	70.7

Table C.4 Unadjusted and Adjusted Trend Odds Ratios Based on 1999, 2000, and 2001 Data from the 649 Non-Incentive FI Regions

	2000 to 1999 Odds Ratios		2001 to 2000 Odds Ratios	
Substance Use Measure	Unadjusted	Adjusted	Unadjusted	Adjusted
Lifetime				
Marijuana	0.98	1.03	1.10[b]	1.17[b]
Cocaine	1.02	1.08	1.06	1.10[a]
Cigarettes	0.91[b]	0.93[a]	1.01	1.02
Alcohol	0.97	0.99	1.04	1.06
Hallucinogens	1.08[a]	1.15[b]	1.00	1.04
Past Year				
Marijuana	0.96	1.03	1.09[a]	1.14[b]
Cocaine	0.84[a]	0.91	1.18[a]	1.25[b]
Cigarettes	0.95	0.98	1.00	1.02
Alcohol	0.98	1.02	1.06	1.10[b]
Hallucinogens	1.05	1.13	1.32[b]	1.37[b]
Past Month				
Marijuana	1.03	1.12[a]	1.08	1.13[a]
Cocaine	0.69[a]	0.72[a]	1.22	1.27
Cigarettes	0.95	0.98	1.01	1.02
Alcohol	1.00	1.03	1.04	1.06[a]
Hallucinogens	1.04	1.19	1.23	1.30[a]
Dependence				
Illicit drugs	N/A	N/A	1.18	1.21
Alcohol	N/A	N/A	1.07	1.12
Marijuana	N/A	N/A	1.18	1.19

[a] Odds ratio is statistically significant at the .05 level when compared with an odds ratio of 1.00, which would indicate no change.

[b] Odds ratio is statistically significant at the .01 level when compared with an odds ratio of 1.00, which would indicate no change.

N/A = Not available due to a change in the definition of dependence.

Table C.5 Changes in Prevalence Measures, by Response Rate (Historic and Change) Groups

FI Regions, by Historic Response Rate	FI Regions, by Change in Response Rate	Change in Prevalence Measures			
		Average Relative Change (as Percent of Initial Year) across 12 Measures		Number (and Sign) of Statistically Significant Differences (Out of 12)	
		1999 to 2000	2000 to 2001	1999 to 2000	2000 to 2001
Low	Decrease	-3.19	19.79	0	3+
Low	Little change	-14.17	-4.98	4-	0
Low	Increase	11.17	11.00	3+	0
Midrange	Decrease	-3.99	12.70	0	2+
Midrange	Little change	4.56	17.44	1+	6+
Midrange	Increase	0.01	18.25	0	8+
High	Decrease	-2.30	20.78	1-	1+
High	Little change	-5.96	10.20	0	0
High	Increase	2.71	47.16	0	11+
All	All	-3.20	14.60	1-	12+

Table C.6 Percentage of Short Interviews, by Interviewer Experience

Questionnaire and Experience of Interviewer	Average Quarterly Percentage of Short Interviews		
	1999	2000	2001
Entire Questionnaire			
Inexperienced	7.14	7.50	6.75
Experienced	10.65	8.94	6.46
Core Sections Only			
Inexperienced	12.16	8.94	3.70
Experienced	16.08	11.46	4.59

Table C.7 Self-Reported Interviewer Behaviors: 1999-2001

Interviewer Assistance Behavior	1999		2000		2001	
	No.	%	No.	%	No.	%
Assisted the Respondent with the ACASI Portion of the Interview						
Yes	1,854	2.78	1,865	2.60	2,414	3.50
No	64,716	97.02	69,822	97.29	66,407	96.34
Not answered	136	0.20	77	0.11	108	0.16
Knew Respondent's Answers						
None of the time	59,606	89.36	64,433	89.78	63,578	92.24
A little to all of the time	6,922	10.38	7,254	10.11	5,241	7.60
Not answered	178	0.27	77	0.11	110	0.16
Total	66,706	100.00	71,764	100.00	68,929	100.00

Table C.8 Estimates of Change in Lifetime Use of Marijuana in Thousands of Users

	Retrospective Estimates		Difference in Annual Estimates	
Age Group	1999 to 2000	2000 to 2001	1999 to 2000	2000 to 2001
12 or Older	1,678	2,053	-106	6,951
12 to 17	-691	-391	-62	358
18 to 25	856	947	-70	1,480
26 to 34	-540	-709	-879	501
35 to 49	508	418	-1,048	2,418
50 or Older	1,544	1,788	1,953	2,194

Table C.9 Estimates of Change in Lifetime Use of Cocaine in Thousands of Users

	Retrospective Estimates		Difference in Annual Estimates	
Age Group	1999 to 2000	2000 to 2001	1999 to 2000	2000 to 2001
12 or Older	594	779	-509	2,892
12 to 17	-65	-10	-1	-17
18 to 25	287	372	-235	671
26 to 34	-439	-435	-1,016	216
35 to 49	240	404	-386	1,560
50 or Older	572	448	1,128	462

Table C.10 Comparison of Full Sample Trends with Trends Based on First 6 Months for Non-Incentive Regions Only: Numbers of Users Aged 18 to 25

	Thousands of Users Aged 18 to 25			
	Full Sample (All 900 FI Regions and All Quarters)		First 6 Months (649 Non-Incentive FI Regions	
Recency and Substance	2000	2001	2000	2001
Lifetime				
Marijuana	13,256[b]	14,736	13,304[b]	14,486
Cocaine	3,148[b]	3,820	3,291	3,584
Cigarettes	19,514[a]	20,354	19,356	20,007
Alcohol	24,352	25,063	24,706	25,188
Hallucinogens	5,592[b]	6,511	5,554[a]	6,386
Past Year				
Marijuana	6,860[b]	7,872	6,977[a]	7,623
Cocaine	1,274[b]	1,681	1,362	1,600
Cigarettes	13,283	13,808	13,289	13,650
Alcohol	21,580	22,233	21,958	22,197
Hallucinogens	1,959[b]	2,733	1,904[b]	2,849
Past Month				
Marijuana	3,950[b]	4,711	4,008	4,572
Cocaine	395[b]	566	400	540
Cigarettes	11,095	11,541	11,006	11,186
Alcohol	16,473[a]	17,333	16,467[b]	17,338
Hallucinogens	532[b]	803	519[a]	817
Past Year Dependence				
Illicit drugs	1,013[b]	1,397	1,025	1,201
Alcohol	1,337[b]	1,699	1,256[a]	1,587
Marijuana	736[b]	984	711	872

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Table C.11 Percentages of Past Year and Past Month Users of Illicit Drugs with and without Additional Questions among Persons Aged 12 or Older: 2000 and 2001

	2000		2001 (with Additional Questions)		2001 (without Additional Questions)	
Drug	**Past Year**	**Past Month**	**Past Year**	**Past Month**	**Past Year**	**Past Month**
Any Illicit Drug[1]						
12 or older	11.0	6.3	12.6[b]	7.1[b]	12.6[b]	7.0[b]
12-17	18.6	9.7	20.8[b]	10.8[b]	20.8[b]	10.8[b]
18-25	27.9	15.9	31.9[b]	18.8[b]	31.8[b]	18.7[b]
26 or older	7.1	4.2	8.2[b]	4.5	8.1[b]	4.5
Hallucinogens						
12 or older	1.6	0.4	2.0[b]	0.6[b]	1.8[b]	0.5
12-17	3.9	1.2	4.0	1.2	3.9	1.0
18-25	6.8	1.8	9.3[b]	2.7[b]	8.3[b]	2.2[a]
26 or older	0.4	0.1	0.5[a]	0.1	0.4	0.1
Any Illicit Drug Other Than Marijuana[1]						
12 or older	5.8	2.6	7.0[b]	3.1[b]	6.9[b]	3.1[b]
12-17	11.3	4.6	12.0[a]	4.9	12.0	4.8
18-25	14.8	5.9	18.4[b]	7.8[b]	18.0[b]	7.6[b]
26 or older	3.6	1.7	4.4[b]	2.0	4.4[b]	2.0

* Low precision; no estimate reported.

[a] Difference between this estimate for 2001 and the estimate for 2000 is statistically significant at the .05 level.

[b] Difference between this estimate for 2001 and the estimate for 2000 is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Appendix D: Key Definitions, 1999-2001 Survey Years

This appendix is essentially a glossary providing definitions of use of illicit drugs, alcohol, and tobacco; mental health; demographic and geographic characteristics; and other terms used in this report. It also describes changes in definitions across the survey years that may have an impact on interpretation of trends. Each entry begins with the current definition of the term, followed by previous definitions that differ from the current definition. Cross-references are included for related terms. Also included is other information regarding interpretation of the data, including such topics as decision rules with regard to rounding.

The National Household Survey on Drug Abuse (NHSDA) was conducted in 1971, 1972, 1974, 1976, 1977, 1979, 1982, 1985, 1988, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, and 2001. The first survey (1971) is not directly comparable with the other surveys and is not generally included in trend analyses. Since 1972, however, there has been a great deal of consistency in the questions designed to develop estimates of the prevalence of drug use. Minor changes in question wording have been made throughout the survey series to ensure more complete and accurate responses, but these changes are not expected to affect comparability of survey responses. Questions also have been added to the NHSDA at different points in time to reflect changes in the drugs of abuse. For example, questions about the use of the form of cocaine known as "crack" were added in 1988. Questions about smokeless tobacco products and additional questions about cigarette use were added in 1985. Questions about Oxycontin and Rohypnol were added in 1999, and questions about the initiation and recency of use of Ecstasy (MDMA) were added in 2001.

The 1994 NHSDA fielded two questionnaires: NHSDA 1994-A (old), which replicated the data collection instruments and methodology used in 1985, 1988, 1990, 1991, 1992, and 1993; and NHSDA 1994-B (new), which was a revised questionnaire. The new revised questionnaire was designed to facilitate respondent cooperation, enhance the clarity of the questions, improve the accuracy of responses, and increase the reliability of measurements of drug use across survey years. The 1995, 1996, 1997, and 1998 NHSDAs fielded questionnaires that replicated the data collection instruments and methodology used in 1994-B. Data collection prior to 1999 used a paper-and-pencil interviewing (PAPI) methodology that also was used in a supplemental sample in 1999. The NHSDA PAPI instrumentation consisted of a questionnaire booklet completed by the interviewer and a set of individual answer sheets completed by the respondent. Although data from the new questionnaires used in 1994-B, 1995, 1996, 1997, 1998, and 1999 may be used for measuring trends from 1994 to 1999, these data cannot be compared with those presented in NHSDA Main Findings prior to 1994. Beginning in 1999, the NHSDA interview has been conducted by using a computer-assisted interviewing (CAI) methodology that employs a combination of computer-assisted personal interviewing (CAPI) conducted by the interviewer and audio computer-assisted self-interviewing (ACASI). Because of major differences between the CAI and PAPI methods, it is not appropriate to compare the 1999-2001 CAI estimates of substance use prevalence with earlier NHSDA estimates to assess changes over time.

Abuse		A respondent was defined with abuse of a substance if he or she meets one or more of the four criteria for abuse included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994) and does not meet the definition for dependence for that substance. An additional criterion for alcohol abuse is that the person must have used alcohol on 6 or more days in the past year; for abuse of marijuana, the person must have used marijuana on 6 or more days in the past year. These questions have been included in the NHSDA since 2000.
Adult Education	SEE:	"Education."
Age		Age of the respondent was defined as "age at time of interview."
Alcohol		Measures of use of alcohol in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last drank an alcoholic beverage?" Feeder question: "The next questions are about alcoholic beverages, such as, [beer, wine, liquor, brandy, and mixed drinks]... Have you ever, even once, had a drink of an alcoholic beverage?"
	SEE:	"Current Use," "Prevalence," and "Recency of Use."
American Indian or Alaska Native		American Indian or Alaska Native only, not of Hispanic, Latino, or Spanish origin (including North American, Central American, or South American Indian); does not include respondents reporting more than one race. (Respondents reporting that they were American Indians or Alaska Natives and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)
	SEE:	"Hispanic" and "Race/Ethnicity."
Any Illicit Drug		This includes marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD] and Ecstasy [MDMA]), heroin, or any prescription-type psychotherapeutic used nonmedically.
	SEE:	"Current Use," "Prevalence," and "Recency of Use."

Any Illicit Drug Other Than Marijuana	This includes cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or any prescription-type psychotherapeutic used nonmedically, regardless of marijuana use.
SEE:	"Current Use," "Prevalence," and "Recency of Use."
Any Use of Tobacco	This indicates use of any tobacco product: cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. Use of specialty cigarettes (i.e., bidis, clove cigarettes) is not included.
Asian	Asian only, not of Hispanic, Latino, or Spanish origin; does not include respondents reporting more than one race. (Respondents reporting that they were Asian and of Hispanic, Latino, or Spanish origin were classified as Hispanic.) Specific Asian groups that were asked about were Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and "Other."
SEE:	"Hispanic" and "Race/Ethnicity."
Binge Use of Alcohol	"Binge use of alcohol" was defined as drinking five or more drinks on the same occasion (i.e., within a few hours) on at least 1 day in the past 30 days.
Black	Black/African American only, not of Hispanic, Latino, or Spanish origin; does not include respondents reporting more than one race. (Respondents reporting that they were black or African American and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)
SEE:	"Hispanic" and "Race/Ethnicity."
Cigarettes	Measures of use of cigarettes in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigarette use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days – that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of a cigarette?" and "How long has it been since you last smoked part or all of a cigarette?" Feeder question: "These questions are about tobacco products. This includes cigarettes, chewing tobacco, snuff, cigars, and pipe

tobacco. The first questions are about cigarettes only. Have you ever smoked part or all of a cigarette?"

SEE: "Cigars," "Current Use," "Pipes," "Prevalence," "Recency of Use," and "Smokeless Tobacco."

Cigars

Measures of use of cigars (including cigarillos and little cigars) in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigar use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days – that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?" and "How long has it been since you last smoked part or all of any type of cigar?"

Feeder question: "These next questions are about smoking cigars. By cigars we mean any kind, including big cigars, cigarillos, and even little cigars that look like cigarettes. Have you ever smoked part or all of any type of cigar?"

SEE: "Cigars," "Current Use," "Pipes," "Prevalence," "Recency of Use," and "Smokeless Tobacco."

Cocaine

Measures of use of cocaine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any form of cocaine?"

Feeder question: "The questions are about cocaine, including all the different forms of cocaine such as powder, *crack*, free base, and coca paste. Have you ever, even once, used any form of cocaine?"

SEE: "Crack," "Current Use," "Prevalence," and "Recency of Use."

College Enrollment Status

Respondents aged 18 to 22 were classified as full-time undergraduate students or as some other status (including part-time students, students in other grades, or nonstudents). Respondents were classified as full-time students if they reported that they were attending (or will be attending) their first through fourth year of college or university and that they were a full-time student. Respondents whose current enrollment status was unknown were excluded from the analysis.

County Type

Counties were grouped based on the "Rural-Urban Continuum Codes" developed by the U.S. Department of Agriculture (1998). Each county is in either a Metropolitan Statistical Area (MSA) or outside of an MSA. Counties in new England were defined using New England County Metropolitan Areas (NECMA). Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population fewer than 1 million. Nonmetropolitan areas are outside of MSAs and include urbanized counties with a population of 20,000 or more in urbanized areas, less urbanized counties with a population of at least 2,500 but fewer than 20,000 in urbanized areas, and completely rural counties with a population of fewer than 2,500 in urbanized areas.

Crack

Measures of use of crack cocaine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *crack*?"

Feeder question: "These questions are about cocaine, including all the different forms of cocaine such as powder, *crack*, free base, and coca paste. Have you ever, even once, used any form cocaine?"

"The next questions are about *crack* in rock or chunk form, and not the other forms of cocaine. Have you ever, even once, used *crack*?"

SEE: "Cocaine," "Current Use," "Prevalence," and "Recency of Use."

Criminal Behavior

Adult respondents were asked a series of three questions: "During the past 12 months, how many times have you" . . . "stolen or tried to steal anything worth more than $50?" "sold illegal drugs?" and "attacked someone with the intent to seriously hurt them?" Adolescents aged 12 to 17 were asked the same three questions, as well as questions about three additional behaviors: . . ."gotten into a serious fight at school or work?" "took part in a fight where a group of your friends fought against another group?" and "carried a handgun?" For both adults and adolescents, responses to each question were dichotomized into a yes/no variable. Summary measures also were created to indicate an affirmative response to any of the above questions.

SEE: "Gang Fighting" and "Stealing."

Current Use

Any reported use of a specific drug in the past month.

SEE: "Prevalence" and "Recency of Use."

Dependence

A respondent was defined with dependence on a substance if he or she meets three out of seven dependence criteria (for substances with a withdrawal criterion) or three out of six criteria (for substances without a withdrawal criterion) for that substance, based on criteria included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). An additional criterion for alcohol dependence since 2000 is that a person must have used alcohol on 6 or more days in the past year. An additional criterion for marijuana dependence since 2000 is that a person must have used marijuana on 6 or more days to be defined as dependent on marijuana. The questions used in 1999 were revised in 2000 to measure each DSM-IV criterion for each substance.

Driving Under the Influence

Respondents were asked whether in the past 12 months they had driven a vehicle while under the influence of alcohol and illegal drugs used together, alcohol only, or illegal drugs only.

Ecstasy

Measures of use of Ecstasy or MDMA (methylenedioxy-n-methylamphetamine) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *Ecstasy*, also known as MDMA?"

SEE: "Current Use," "Hallucinogens," "LSD," "PCP," "Prevalence," and "Recency of Use."

Education

This is the measure of educational attainment among respondents who are 18 years old. It is based on respondents' reports of their highest level of education completed: less than high school; high school graduate; some college; and college graduate. Persons who completed postgraduate work are classified as college graduates.

Employment

Respondents were asked to report whether they worked in the week prior to the interview, and if not, whether they had a job despite not working in the past week. Respondents who worked in the past week or who reported having a job despite not working were asked whether they usually work 35 or more hours per week. Respondents who did not work in the past week but had a job were asked to look at a card that described why they did not work in the past week despite having a job. Respondents who did not have a job in the past week were asked to look at a

		different card that described why they did not have a job in the past week.
	Full-time	"Full-time" in the tables includes respondents who usually work 35 or more hours per week and who worked in the past week or had a job despite not working in the past week.
	Part-time	"Part-time" in the tables includes respondents who usually do not work 35 or more hours per week and who worked in the past week or had a job despite not working in the past week.
	Unemployed	"Unemployed" in the tables refers to respondents who did not have a job, were on layoff, and were looking for work. For consistency with the Current Population Survey definition of unemployment, respondents who reported that they did not have a job but were looking for work needed to report making specific efforts to find work in the past 30 days.
	Other	"Other" includes all other responses, including being a student, someone who is keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job, were on layoff, and were not looking for work were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days.
Ethnicity	SEE:	"Race/Ethnicity."
Ever Use	SEE:	"Lifetime Prevalence."
Exposure to Drug Education and Prevention		Adolescents were asked: "Please indicate if you have had any of these alcohol or drug education classes or experiences in school during the past 12 months . . . Have you had a special class about drugs or alcohol? Have you had films, lectures, discussions, or printed information about drugs or alcohol in one of your regular classes, such as health, physical education, etc.? Have you had films, lectures, discussions, or printed information about drugs or alcohol outside of one of your regular classes, such as in special assemblies?"

(Youths who reported that they were home schooled in the past 12 months also were asked these questions. Youths who reported that they were home schooled were previously instructed to think about their home schooling as "school.")

Youths also were asked: "During the past 12 months, have you seen or heard any alcohol or drug prevention messages from sources outside school, such as in posters, pamphlets, and radio or TV ads?"

Family Income

Family income was ascertained by asking respondents: "Of these income groups, which category best represents (your/SAMPLE MEMBER's) total combined family income during [the previous calendar year]?... (Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.)"

NOTE: For youths and those unable to respond to income questions, proxy responses were accepted.

Gang Fighting

Respondents were asked how many times during the past 12 months they had taken part in a fight where a group of their friends fought against another group. Response alternatives were (1) 0 times, (2) 1 or 2 times, (3) 3 to 5 times, (4) 6 to 9 times, or (5) 10 or more times.

SEE: "Criminal Behavior" and "Stealing."

Geographic Division

Data are presented for nine geographic divisions within the four geographic regions. Within the Northeast Region are the New England Division (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut) and the Middle Atlantic Division (New York, New Jersey, Pennsylvania). Within the Midwest Region are the East North Central Division (Wisconsin, Illinois, Michigan, Indiana, Ohio) and the West North Central Division (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri). Within the South Region are the South Atlantic Division (West Virginia, Virginia, Maryland, Delaware, District of Columbia, North Carolina, South Carolina, Georgia, Florida), the East South Central Division (Mississippi, Tennessee, Kentucky, Alabama), and the West South Central Division (Texas, Oklahoma, Arkansas, Louisiana). Within the West Region are the Mountain Division (Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana) and the Pacific Division (California, Oregon, Washington, Hawaii, Alaska).

SEE: "Region."

Hallucinogens

Measures of use of hallucinogens in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any hallucinogen?"

Feeder questions: "The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real... Have you ever, even once, used LSD, also called *acid*? Have you ever, even once, used PCP, also called *angel dust* or phencyclidine? Have you ever, even once, used peyote? Have you ever, even once, used mescaline? Have you ever, even once, used psilocybin, found in mushrooms? Have you ever, even once, used *Ecstasy*, also known as MDMA? Have you ever, even once used any other hallucinogen besides the ones that have been listed?"

SEE: "Current Use," "Ecstasy," "LSD," "PCP," "Prevalence" and "Recency of Use."

Health Insurance Status

A series of questions were asked to identify whether respondents were currently covered by Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), military health care (such as TRICARE or CHAMPUS), private health insurance, or any kind of health insurance (if none of the above were reported). If respondents did not currently have health insurance coverage, questions were asked to determine the length of time they were without coverage, and the reasons for not being covered.

NOTE: For youths and those respondents who were unable to respond to the insurance questions, proxy responses were accepted.

Heavy Use of Alcohol

"Heavy use of alcohol" was defined as drinking five or more drinks on the same occasion (i.e., within a few hours) on 5 or more days in the past 30 days.

SEE: "Alcohol."

Heroin

Measures of use of heroin in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used heroin?"

Feeder question: "These next questions are about heroin. Have you ever, even once, used heroin?"

SEE: "Current Use, "Prevalence," and "Recency of Use."

Hispanic

"Hispanic" was defined as anyone of Hispanic, Latino, or Spanish origin. Specific Hispanic subgroups that were asked about were Mexican/Mexican American/Mexicano/Chicano; Puerto Rican; Central or South American; Cuban/Cuban American; and "Other." Respondents reporting that they were of Hispanic Latino, or Spanish origin and in racial groups such as American Indian/Alaska Native, black, more than one race, or white were classified as Hispanic.

SEE: "Asian," "American Indian or Alaska Native," "Black," "More Than One Race," "Race/Ethnicity," and "White."

Illicit Drugs

Illicit drugs include marijuana, cocaine, inhalants, hallucinogens (including LSD, PCP, or Ecstasy), heroin, or nonmedical use of psychotherapeutics, which include stimulants, sedatives, tranquilizers, and pain relievers. Illicit drug use has referred to use of any of these drugs.

SEE: "Current Use," "Prevalence," and "Recency of Use."

Income SEE: "Family Income."

Incidence

Substance use incidence is the number of new users of a substance within a given year. Incidence estimates are based on questions about age of first use of substances, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. Incidents of first use are classified by year of occurrence and age at the date of first use.

Inhalants

Measures of use of inhalants in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any inhalant for kicks or to get high?"

Feeder questions: "These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good... Have you ever, even once, inhaled [INHALANT NAME] for kicks or to get high?" Respondents were asked about the following inhalants: (a) amyl nitrite, "poppers," locker room odorizers, or "rush"; (b) correction fluid, degreaser, or cleaning fluid; (c) gasoline or lighter fluid; (d) glue, shoe polish, or toluene; (e) halothane, ether, or other anesthetics; (f) lacquer thinner or other paint solvents; (g) lighter gases, such as butane or propane; (h) nitrous oxide or whippets; (i) spray paints; (j) some other aerosol spray; and (k) any other inhalants besides the ones that have been listed.

SEE: "Current Use," "Prevalence," and "Recency of Use."

Low Precision

Prevalence estimates based on only a few respondents or with relatively large standard errors were not shown in the tables, but have been replaced with an asterisk (*) and noted as "low precision." These estimates have been omitted because one cannot place a high degree of confidence in their accuracy. In statistical terms, low precision estimates were those for which the natural log of the relative standard error (RSE) (i.e., the ratio of the standard error [SE] to the prevalence estimate) was .175 or greater.

LSD

Measures of use of lysergic acid diethylamide (LSD) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used LSD?"

SEE: "Current Use," "Ecstasy," "Hallucinogens," "PCP," "Prevalence," and "Recency of Use."

Marijuana

Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used marijuana or hashish?"

Feeder question: "The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked—either in cigarettes called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called *hash*. It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hash?"

SEE: "Current Use," "Prevalence" and "Recency of Use."

Mental Health Treatment	For adults, mental health treatment is defined as treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of a mental or emotional condition. For youths aged 12 to 17, mental health treatment is defined as receiving treatment or counseling for problems with behaviors or emotions from specific mental health or other health professionals in school, home, outpatient or inpatient settings within the 12 months prior to interview. Treatment for only a substance abuse problem is not included for adults or youths.
Methamphetamine	Measures of use of methamphetamine (also known as crank, crystal, ice, or speed), Desoxyn, or Methedrine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used Methamphetamine, Desoxyn, or Methedrine?"
SEE:	"Current Use," "Stimulants," "Prevalence," and "Recency of Use."
More Than One Race	Respondents were asked to report which racial group describes them and were allowed to report multiple groups. Persons reporting more than one race and that they were not of Hispanic, Latino, or Spanish origin were included in this category. This category does not include respondents who reported more than one Asian subgroup but who reported "Asian" as their only race. Respondents reporting more than one race and reporting that they were of Hispanic, Latino, or Spanish origin were classified as Hispanic.
SEE:	"Hispanic" and "Race/Ethnicity."
Need for Illicit Drug Treatment	Respondents were classified as needing treatment for an illicit drug problem in the past 12 months if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers) in the past 12 months.
SEE:	"Abuse," "Dependence," Specialty Treatment Facility," "Substance Abuse Treatment," and "Treatment Gap."

Needle Use

Needle use was derived from specific questions about use of cocaine, heroin, methamphetamine, other stimulants, or any other drug with a needle. Additional questions are asked about sharing needles, reusing needles, using bleach to clean needles before use, and where the needles were obtained.

Nonmedical Use of Any Psychotherapeutic

The section of the interview instrument deals with nonmedical use of four classes of psychotherapeutics: pain relievers, sedatives, stimulants, and tranquilizers.

Measures of use of nonmedical psychotherapeutic agents in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription [pain reliever, sedative, stimulant, or tranquilizer] that was not prescribed for you or that you took only for the experience or feeling it caused?"

Feeder question: "Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. We are only interested in your use of a drug if: the drug was not prescribed for you, or if you took the drug only for the experience or feeling it caused."

NOTE: The pill card contains pictures and names of specific drugs within each psychotherapeutic category. For example, pictures and the names of Valium, Librium, and other tranquilizers are shown when the section on tranquilizers is introduced.

SEE: "Pain Relievers," "Pill Cards," "Psychotherapeutic Drugs," "Sedatives," "Stimulants," "Tranquilizers," "Current Use," "Prevalence," and "Recency of Use."

Northeast Region

The States included are those in the New England Division—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont—and the Middle Atlantic Division—New Jersey, New York, Pennsylvania.

SEE: "Region" and "Geographic Division."

Pain Relievers

Measures of use of prescription pain relievers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription pain reliever that was not prescribed for you, or that you took only for the experience or feeling it caused?"

Feeder question: "The questions in this section are about the use of pain relievers. We are not interested in your use of "over- the-counter" pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription. Card A shows pictures of some different types of pain relievers and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription pain relievers that were not prescribed for you or that you took only for the experience or feeling they caused."

The following prescription pain relievers were listed on Pill Card A (Pain Relievers): (1) Darvocet®, Darvon®, or Tylenol® with Codeine; (2) Percocet®, Percodan®, or Tylox®; (3) Vicodin®, Lortab®, or Lorcet®/Lorcet Plus®; (4) Codeine; (5) Demerol®; (6) Dilaudid®; (7) Fioricet®; (8) Fiorinal®; (9) Hydrocodone; (10) Methadone; (11) Morphine; (12) Oxycontin®; (13) Phenaphen® with Codeine; (14) Propoxyphene; (15) SK-65®; (16) Stadol® (no picture); (17) Talacen®; (18) Talwin®; (19) Talwin NX®; (20) Tramadol (no picture); and (21) Ultram®.

SEE: "Current Use," "Nonmedical Use of Any Psychotherapeutic," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedatives," "Stimulants," and "Tranquilizers."

PCP

Measures of use of phencyclidine (PCP) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used PCP?"

SEE: "Current Use," "Ecstasy," "Hallucinogens," "LSD," "Prevalence," and "Recency of Use."

Perceived Risk/ Harmfulness

Respondents were asked to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes, with various levels of frequency.

Percentages

The percentages in the tables are based on weighted data, and they are presented to one digit beyond the decimal point. In this report, all the 2001 tables contain percentages based on weighted data.

	SEE:	"Rounding."
Pill Cards		The pill cards contain pictures and names of specific drugs within each psychotherapeutic category. For example, pictures and the names of Valium, Librium, and other tranquilizers are shown when the questionnaire section on tranquilizers is introduced. Pill cards have been modified over the years to reflect changes in available psychotherapeutic drugs.
	SEE:	"Nonmedical Use Any Psychotherapeutic," "Pain Relievers," "Psychotherapeutic Drugs," "Sedatives," "Stimulants," "Tranquilizers," "Current Use," "Prevalence," and "Recency of Use."
Prevalence		General term used to describe the estimates for lifetime, past year, and past month use.
	SEE:	"Current Use" and "Recency of Use."
Psychotherapeutic Drugs		Psychotherapeutic drugs are generally prescription medications that also can be used illicitly to "get high" or for other effects. These include pain relievers, sedatives, stimulants, and tranquilizers.
	SEE:	"Nonmedical Use of Any Psychotherapeutic," "Pain Relievers," "Sedatives," "Stimulants," "Tranquilizers," "Pill Cards," "Current Use," "Prevalence," and "Recency of Use."
Race/Ethnicity		Race/ethnicity is used to refer to the respondent's self-classification as to racial and ethnic origin and identification. Categories included Hispanic, non-Hispanic groups where respondents indicated only one race (white, black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian), and non-Hispanic groups where respondents reported more than one race.
	SEE:	"American Indian or Alaska Native," "Asian," "Black," "Hispanic," "More Than One Race," and "White."
Recency of Use		The recency question for each drug was the source for the lifetime, past year, and past month prevalence rates.
		The question was essentially the same for all classes of drugs. The question was: "How long has it been since you last used [drug name]?" For the four classes of psychotherapeutics, the

phrase "that was not prescribed for you or only for the experience or feeling it caused" was added after the name of the drug.

For tobacco products (cigarettes, snuff, chewing tobacco, or cigars), the response alternatives were (1) within the past 30 days; (2) more than 30 days ago but within the past 12 months; (3) more than 12 months ago but within the past 3 years; (4) more than 3 years ago. For the remaining drugs, the response alternatives were (1) within the past 30 days; (2) more than 30 days ago but within the past 12 months; and (3) more than 12 months ago.

SEE: "Prevalence" and "Current Use."

Region

There were four regions to consider: Northeast, Midwest, South, and West. These regions are based on classifications developed by the U.S. Bureau of the Census.

SEE: "Northeast Region," "Midwest Region," "South Region," and "West Region."

Rounding

The decision rules for the rounding of percentages were as follows. If the second number to the right of the decimal point was greater than or equal to 5, the first number to the right of the decimal point was rounded up to the next higher number. If the second number to the right of the decimal point was less than 5, the first number to the right of the decimal point remained the same. Thus, a prevalence rate of 16.55 percent would be rounded to 16.6 percent, while a rate of 16.44 percent would be rounded to 16.4 percent. Although the percentages in the 2001 tables generally total 100 percent, the use of rounding sometimes produces a total of slightly less than or more than 100 percent.

SEE: "Percentages."

Sedatives

Measures of use of sedatives in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?"

Feeder question: "The questions in this section are about the use of sedatives and barbiturates. These drugs are also called *downers* or *sleeping pills*. People take these drugs to help them relax or to help them sleep. We are not interested in the use of *over-the-counter* sedatives such as Sominex, Unisom, Nytol, or Benadryl that can be bought in drug stores or grocery stores without a doctor's prescription. Card D shows pictures of different kinds of prescription sedatives and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription sedatives that were not prescribed for you or that you took only for the experience or feeling they caused."

The following prescription sedatives were listed on Pill Card D (Sedatives): (1) Methaqualone (includes Sopor®, Quaalude®) (no picture); (2) Nembutal®, Pentobarbital (no picture), Seconal®, Secobarbital (no picture), or Butalbital (no picture); (3) Restoril® or Temazepam; (4) Amytal®; (5) Butisol®; (6) Chloral Hydrate (no picture); (7) Dalmane®; (8) Halcion®; (9) Phenobarbital; (10) Placidyl®; and (11) Tuinal®.

SEE: "Nonmedical Use of Any Psychotherapeutic," "Pain Relievers," "Pill Cards," "Psychotherapeutic Drugs," "Stimulants," "Tranquilizers," "Current Use," "Prevalence," and "Recency of Use."

Serious Mental Illness Serious mental illness (SMI) is defined as having at some time during the past 12 months a diagnosable mental, behavioral, or emotional disorder that met the criteria for a DSM-IV (APA, 1994) disorder and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. The questions that measured SMI in the 2001 NHSDA consisted of a short scale of six questions that asked respondents how often they experienced symptoms of psychological distress during the 1 month in the past 12 months when they were at their worst emotionally (see Section B.5 in Appendix B).

Significance In tables in which trends are shown, the levels of significance for the changes between the two most recent survey years are noted as follows: .05 and .01. A significance level of .05 is used in comparing two rates in the text for demographic subgroups of the most recent survey sample.

Smokeless Tobacco Use Measures of use of smokeless tobacco in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about snuff and chewing tobacco use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days,

		have you used snuff, even once?" "How long has it been since you last used snuff?" "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used chewing tobacco, even once?" and "How long has it been since you last used chewing tobacco?" Feeder questions: "These next questions are about your use of snuff, sometimes called dip... Have you ever used snuff, even once?" and "These next questions are only about chewing tobacco... Have you ever used chewing tobacco, even once?"
	SEE:	"Cigarettes," "Cigars," "Current Use," "Prevalence," and "Recency of Use."
South Region		The States included are those in the South Atlantic Division—Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia; the East South Central Division—Alabama, Kentucky, Mississippi, and Tennessee; and the West South Central Division—Arkansas, Louisiana, Texas, and Oklahoma.
	SEE:	"Region" and "Geographic Division"
Specialty Cigarettes		The section of the interview instrument deals with use of the following types of specialty cigarettes: (a) bidis (or "beedies"), which are small brown cigarettes from India consisting of tobacco wrapped in a leaf and tied with a thread; and (b) clove cigarettes, which are cigarettes containing tobacco and clove flavoring.
Specialty Treatment Facility		Defined as drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers.
	SEE:	"Need for Illicit Drug Treatment," "Substance Abuse Treatment," and "Treatment Gap."
Stealing		Respondents were asked how many times during the past 12 months they had stolen or tried to steal anything worth more than $50. Response alternatives were (1) 0 times, (2) 1 or 2 times, (3) 3 to 5 times, (4) 6 to 9 times, or (5) 10 or more times.
	SEE:	"Criminal Behavior" and "Gang Fighting."
Stimulants		Measures of use of stimulants in the respondent's lifetime, the past year, and the past month were developed from responses to

the question about recency of use: "How long has it been since you last used any prescription stimulant that was not prescribed for you or that you took only for the experience or feeling it caused?"

Feeder question: "These next questions are about the use of drugs such as amphetamines that are known as stimulants, *uppers*, or *speed*. People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of *over-the-counter* stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor's prescription. Card C shows pictures of some different kinds of prescription stimulants and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription stimulants that were not prescribed for you or that you took only for the experience or feeling it caused."

The following prescription stimulants were listed on Pill Card C (Stimulants): (1) Methamphetamine (crank, crystal, ice, or speed) (no picture), Desoxyn®, or Methedrine (no picture); (2) Amphetamines (no picture), Benzedrine®, Biphetamine®, Fastin®, or Phentermine; (3) Ritalin® or Methylphenidate; (4) Cylert®; (5) Dexedrine®; (6) Dextroamphetamine (no picture); (7) Didrex®; (8) Eskatrol®; (9) Ionamin®; (10); Mazanor®; (11) Obedrin-LA® (no picture); (12) Plegine®; (13) Preludin®; (14) Sanorex®; and (15) Tenuate®.

SEE: "Nonmedical Use of Any Psychotherapeutic," "Pill Cards," "Prevalence," "Recency of Use," "Pain Relievers," "Psychotherapeutic Drugs," "Sedatives," "Tranquilizers," and "Current Use."

Substance Abuse Treatment

Respondents were asked if they had received treatment for alcohol use, illicit drug use, or both alcohol and illicit drug use in the past 12 months in any of the following locations: a hospital overnight as an inpatient, a residential drug or alcohol rehabilitation facility where you stayed overnight, a drug or alcohol rehabilitation facility as an outpatient, an emergency room, a private doctor's office, prison or jail, a self-help group, or some other place.

Tobacco SEE: "Cigarettes," "Cigars," and "Smokeless Tobacco Use."

Total Family Income SEE: "Family Income."

Tranquilizers

Measures of use of tranquilizers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?"

Feeder question: "These next questions ask about the use of tranquilizers. Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers *nerve pills*. Card B shows pictures of some different kinds of prescription tranquilizers. These pictures show only pills, but we are interested in your use of any form of prescription tranquilizers that were not prescribed for you, or that you took only for the experience or feeling they caused."

The following prescription tranquilizers were listed on Pill Card B (Tranquilizers): (1) Klonopin® or Clonazepam; (2) Xanax®, Alprazolam, Ativan®, or Lorazepam; (3) Valium® or Diazepam; (4) Atarax®; (5) BuSpar®; (6) Equanil®; (7) Flexeril®; (8) Librium®; (9) Limbitrol®; (10) Meprobamate; (11) Miltown®; (12) Rohypnol®; (13) Serax®; (14) Soma®; (15) Tranxene®; and (16) Vistaril®.

SEE: "Nonmedical Use of Any Psychotherapeutic," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Pain Relievers," "Sedatives, "Stimulants," "Recency of Use," and "Current Use."

Treatment Gap

The treatment gap is the difference between the number of people needing illicit drug treatment in the past 12 months and the number of people receiving treatment for an illicit drug problem at a specialty treatment facility in the past 12 months.

SEE: "Need for Illicit Drug Treatment," "Specialty Treatment Facility," and "Substance Abuse Treatment."

Unmet Need

Unmet treatment or counseling need is defined as a perceived need for mental health treatment that was not received in the past year.

SEE: "Mental Health Treatment"

Welfare Assistance		Household participation in one or more government assistance programs during the prior calendar year was defined as one or more family members receiving Supplemental Security Income (SSI), food stamps, cash, or noncash assistance. SSI provides payments to low-income, aged, blind, and disabled persons. Food stamps are government-issued coupons used to purchase food. Cash assistance refers to cash payments through Temporary Assistance for Needy Families (TANF), welfare, or other public assistance. Noncash assistance refers to services such as help getting a job, placement in an education or job training program, or help with transportation, child care, or housing.
	NOTE:	For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted.
West		The States included are those in the Mountain Division—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming; and the Pacific Division—Alaska, California, Hawaii, Oregon, and Washington.
	SEE:	"Region" and "Geographic Division"
White		White, not of Hispanic, Spanish, or Latino origin; does not include respondents reporting more than one race. (Respondents reporting that they were white and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)
	SEE:	"Hispanic" and "Race/Ethnicity."

Appendix E: Other Sources of Data

A variety of other surveys and data systems collect data on substance use, abuse, and dependence. It is useful to consider the results of these other studies when discussing the National Household Survey on Drug Abuse (NHSDA) data. In doing this, it is important to understand the methodological differences between the different surveys and the impact that these differences could have on estimates of substance use prevalence. This appendix briefly describes several of these other data systems, including recent results from them.

In-depth comparisons of the methodologies of the three major federally sponsored national surveys of youth substance use have been done. In 1997, a comparison between the NHSDA and Monitoring the Future (MTF) was published (Gfroerer et al., 1997). In 2000, a series of papers comparing different aspects of the NHSDA, MTF, and the Youth Risk Behavior Survey (YRBS) was commissioned by the U.S. Department of Health and Human Services (DHHS). Under contract with the Office of the Assistant Secretary for Planning and Evaluation, Westat identified and funded several experts in survey methods to prepare these papers. The papers were published in the *Journal of Drug Issues* (Hennessy & Ginsberg, 2001). The major findings of this study were as follows:

- The design, implementation, and documentation of all three surveys are of high quality. The surveys exhibit no flaws in the execution of basic survey procedures.
- The goals and approaches of these three surveys are very different, making comparisons between them difficult. The surveys differ significantly in terms of populations covered, sampling methods, mode of data collection, questionnaires, and estimation methods.
- Estimates of substance use are generally highest from the YRBS and lowest from the NHSDA. The NHSDA probably produces lower rates because it is done in the home, whereas the other two surveys collect data in school classrooms, away from parents and other family members.
- NHSDA prevalence rates also may be lower because of the NHSDA's requirement of thorough parental consent prior to youth participation. The greater parental involvement in consent procedures in the NHSDA, compared with the two school surveys, may suppress youth reporting of substance use.

E.1 Other National Surveys of Illicit Drug Use

Monitoring the Future (MTF)

Monitoring the Future (MTF) is a national survey that tracks drug use trends and related attitudes among America's adolescents. This survey is conducted annually by the Institute for Social Research at the University of Michigan through a grant awarded by the National Institute on Drug Abuse (NIDA). The MTF and NHSDA are the Federal Government's largest and primary tools for tracking youth substance use. The MTF is composed of three substudies: (a) an annual survey of high school seniors initiated in 1975; (b) ongoing panel studies of representative samples from each graduating class that have been conducted by mail since 1976; and (c) annual surveys of 8th and 10th graders initiated in 1991. In 2001, for all three grades combined, 435 public and private schools and about 44,300 students were in the sample. The students completed a self-administered questionnaire during a regular class period (Johnston, O'Malley, & Bachman, 2002a, 2002b).

Comparisons between the MTF estimates and estimates based on students sampled in the NHSDA have generally shown NHSDA substance use prevalence levels to be lower than MTF estimates, with relative differences being largest for 8th graders. The lower prevalences in the NHSDA may be due to more underreporting in the household setting as compared with the MTF school setting. The MTF does not survey dropouts, a group generally shown (using the NHSDA) to have higher rates of use (Gfroerer et al., 1997). However, the direction of trends has generally been similar between the two surveys. Both surveys showed significant increases in illicit drug use among adolescents between 1992 and 1996. Comparisons of NHSDA and MTF results for 1999 through 2001, based on NHSDA data collected during January through June to control for seasonality, generally show similar trends in the prevalence of use of illicit drugs with a few exceptions. Between 2000 and 2001, the NHSDA showed a significant increase in past year and past month marijuana use for 10th graders. The NHSDA also showed an increase in lifetime and past year hallucinogen use for 8th graders, as well as an increase in past month use for 12th graders. The MTF trend for these drugs remained somewhat stable from 2000 to 2001 (see Tables E.1 to E.4).

Youth Risk Behavior Survey (YRBS)

The YRBS is a component of the Centers for Disease Control and Prevention's (CDC's) Youth Risk Behavior Surveillance System (YRBSS), which biennially measures the prevalence of six priority health risk behavior categories: (a) behaviors that contribute to unintentional and intentional injuries; (b) tobacco use; (c) alcohol and other drug use; (d) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs); (e) unhealthy dietary behaviors; and (f) physical inactivity. The YRBSS includes national, State, territorial, and local school-based surveys of high school students. The 2001 national school-based survey used a three-stage cluster sample design to produce a nationally representative sample of students in grades 9 through 12. The 2001 State and local surveys used a two-stage cluster sample design to produce representative samples of students in grades 9 through 12 in their jurisdictions. The 2001 national YRBS sample included 13,601 students in grades 9 through 12 in the 50 States and the District of Columbia. The national survey and all of the State and local surveys were conducted during the spring of 2001, with the exception of Hawaii. The Hawaii surveys were conducted in the fall of 2001. The students completed a self-administered questionnaire during a regular class period (CDC, 2002b). In general, this school-based survey has found higher rates of alcohol, cigarette, marijuana, and cocaine use for youths than those found in the NHSDA. Data from the most recent YRBS showed a decrease in both lifetime and past month marijuana use, but steady prevalence levels for use of other illicit drugs among 9th through 12th graders. Although the NHSDA showed a significant increase in marijuana use among 12 to 17 year olds during this time period, the trend for other illicit drugs was similar to the YRBS. Although the two surveys generally have shown similar trends over the years, the prevalence estimates are much higher in the YRBS (23.9 vs. 8.0 percent in the NHSDA for past month marijuana use in 2001). This is likely due to the difference in the age groups that are sampled and the dissimilarity of the study designs (school-based vs. home-based).

National Longitudinal Study of Adolescent Health (Add Health)

The National Longitudinal Study of Adolescent Health (Add Health) is conducted to measure the effects of family, peer group, school, neighborhood, religious institution, and community influences on health risks, such as tobacco, drug, and alcohol use. The survey also asks about substance abuse (alcohol, tobacco, and illicit drugs). The survey consists of three phases. In Wave 1 (conducted in 1994-95), roughly 90,000 students from grades 7 through 12 at 144 schools around the United States answered brief questionnaires. Interviews also were conducted with about 20,000 students and their parents in the students' homes. In Wave 2, students were interviewed a second time in their homes. These interviews took place in 1996. Wave 3 consists of re-interviews of respondents from Wave 1 and began in July of 2001. Survey results from the first two waves indicated that nearly one fourth of teenagers had ever smoked marijuana. Nearly 7 percent of 7th and 8th graders used marijuana at least once in the past month as did 15.7 percent of 9th through 12th graders (Resnick et al., 1997).

Partnership Attitude Tracking Study (PATS)

The Partnership Attitude Tracking Study (PATS) is an ongoing national research study that tracks drug use and drug-related attitudes among children, teenagers, and their parents. It is sponsored by the Partnership for a Drug Free America (PDFA). In the 2001 PATS, 6,937 teenagers in grades 7 through 12 completed self-administered questionnaires. The study showed a decline in overall drug use for adolescents between 1997 and 1999. Drug use rates have been stable since then. The one exception to this trend is teenage use of Ecstasy. In 2001, PATS reported that lifetime teenage Ecstasy use was 12 percent, up from 10 percent in 2000 (PDFA, 2002). The 2001 NHSDA showed a similar trend in that lifetime Ecstasy use for 12 to 17 year olds was 3.2 percent, up from 2.6 percent in 2000. Another exception to the trend was a significant decrease in inhalant use. The 2001 PATS found that 18 percent of teenagers used inhalants at some point in their life, down from 21 percent in 2000. Past year and past month use showed similar declines. The NHSDA showed stable rates of inhalant use between 2000 and 2001 for 12 to 17 year olds. The NHSDA reports notably lower prevalence rates than PATS. The major difference in these prevalence estimates is likely to be due to the different study designs. The youth portion of the PATS is a school-based survey. This may elicit more reporting of sensitive behaviors than the home-based NHSDA.

National Survey of Parents and Youth (NSPY)

The National Survey of Parents and Youth (NSPY) is sponsored by the National Institute on Drug Abuse (NIDA) to evaluate the Office of National Drug Control Policy's (ONDCP's) National Youth Anti-Drug Media Campaign. The survey is specifically designed to evaluate Phase III of the campaign, which began in September 1999 and will run at least until 2003. The NSPY is divided into two phases. In Phase I, a sample of youths aged 9 to 18 and their parents were recruited to participate in the in-home survey. In Phase II, the respondents from Phase I participate in two additional interviews at intervals of 6 to 24 months. The recruitment phase is broken into three waves, which each consist of national cross-sectional surveys. In October 2001, ONDCP released its third semiannual report of findings that contained data from all three waves (available on-line at ONDCP, 2002).

The first two waves of data were collected between November 1999 and December 2000. Waves 1 and 2 showed that lifetime rates of marijuana use among 12 to18 year olds were 15.9 and 15.8 percent, respectively (see Table E.5 and Hornik et al., 2002). Wave 3, conducted between January 2001 and June 2001, showed a steady prevalence of 15.6 percent. The corresponding 2000 and 2001 NHSDA estimates for lifetime use among youths aged 12 to 17 were 18.3 and 19.7 percent, respectively. This represents a significant increase between the two survey years. For past month use of marijuana, the NSPY reported an increase from 7.2 percent in 2000 to 8.0 percent in 2001 for 12 to 18 year olds. Although this did not represent a significant increase in the NSPY, the levels mirror the rates reported in the NHSDA for 12 to 17 year olds for both years (also 7.2 and 8.0 percent). The increase in the NHSDA, however, was significant due to its larger sample. Despite the differences in methodology, the two surveys have produced very similar estimates for youths over the years.

The parent component of the NSPY showed slight, but not statistically significant, increases in both lifetime and past month marijuana use. Lifetime use was 52.8 percent in 2000 and 53.7 percent in 2001 (see Table E.6). Past month use rose from 2.7 percent in 2000 to 3.4 percent in 2001. The NHSDA showed significant increases in both lifetime and past month marijuana use among adults. The lifetime estimate for adults aged 18 and older increased from 36.0 percent in 2000 to 38.9 percent in 2001. Past month use rose from 7.7 percent in 2000 to 8.7 percent in 2001.

E.2 Alcohol and Cigarette Use Surveys

National Health Interview Survey (NHIS)

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey that collects data using personal household interviews. The survey is sponsored by the National Center for Health Statistics (NCHS) and provides national estimates of selected health measures. The survey estimated that 22.9 percent of the population aged 18 or older were current cigarette smokers in 2001 (down from 23.4 percent in 2000) (NCHS, 2002). Among males, 25.3 percent reported current cigarette smoking compared with 20.8 percent of females aged 18 or older.

In the NHIS, current smokers are defined as those who smoke daily, smoked on 1 or more days in the past month, or quit smoking fewer than 30 days ago (for those who smoked 100 or more cigarettes in their lifetime). In the NHSDA, current cigarette smoking is defined as any use in the past month. The 2001 NHSDA rate was 31.1 percent for those 18 or older. However, when using a definition similar to the NHIS's, the 2001 NHSDA estimates that 24.7 percent of adults aged 18 or older were current smokers. Among males, 27.1 percent reported current cigarette smoking compared with 22.5 percent of females. These do not represent significant changes from 2000. Although the two surveys employ different methodologies, the NHSDA produces very similar estimates when using the NHIS definition. The two surveys also have shown very similar trends in smoking over the years. See Table E.7 for an in-depth comparison of smoking rates between these two surveys.

The NHIS defines past year alcohol use as having 12 or more drinks in a lifetime and 1 or more drinks in the past year. The NHIS rate for past year alcohol use among those 18 or older was 62.7 percent in 2001, which was not a significant change from 2000 (61.5 percent). The rates for both males and females remained stable in 2001 (69.3 and 56.6 percent, respectively). For the NHSDA, past year alcohol use is defined as having had at least one drink in the past year. The 2001 NHSDA rate for those 18 or older, however, showed a significant increase in 2001. The rate rose from 65.3 percent in 2000 to 67.1 percent in 2001. Although the NHSDA rate for males remained stable, females showed a significant increase in alcohol use. Their rate was 59.4 percent in 2000 and 62.7 percent in 2001. Although the two surveys use different definitions and methodologies, they have produced similar estimates for past year alcohol use over the past several years. See Table E.8 for a comparison of past year alcohol use between the two surveys.

Monitoring the Future (MTF)

This school-based survey showed increases in smoking rates among students from 1991 to 1997. Cigarette smoking peaked in 1996 among 8th and 10th graders nationwide and in 1997 among 12th graders. Since those peak years, cigarette use has gradually declined. Past month smoking rates found in the MTF for 8th graders were 17.5 percent in 1999, 14.6 percent in 2000, and 12.2 percent in 2001. Among 10th graders, current smoking rates were 25.7 percent in 1999, 23.9 percent in 2000, and 21.3 percent in 2001. For 12th graders, smoking rates rose steadily from 28.3 percent in 1991 to 36.5 percent in 1997, but then showed a statistically significant decline to 31.4 percent in 2000 (Johnston et al., 2002a). This trend continued in 2001 with a rate of 29.5 for 12th graders. The NHSDA also showed a statistically significant decline in past month cigarette use among 8th and 12th graders from 1999 to 2000, and the rates remained stable in 2001 for those two grades. See Table E.9 for a comparison of the MTF and NHSDA cigarette use estimates.

The MTF data have indicated alcohol use among teenagers to be fairly stable over the past several years. Alcohol consumption in the month prior to the survey was reported by 21.5 percent of 8th graders, 39.0 percent of 10th graders, and 49.8 percent of 12th graders in the 2001 survey. Table E.10 shows how these numbers compare with NHSDA estimates. Although the NHSDA estimates are lower, they show the same stability in teenage alcohol use as the MTF.

Youth Risk Behavior Survey (YRBS)

The YRBS found significant declines in lifetime and past month cigarette use among students in grades 9 to 12. Lifetime cigarette use declined from 70.4 percent in 1999 to 63.9 percent in 2001 (CDC, 2002b). Past month smoking declined from 34.8 percent in 1999 to 28.5 percent in 2001. The NHSDA also has shown decreases in smoking for youths aged 12 to 17. The NHSDA lifetime rate declined from 37.1 percent in 1999 to 33.6 percent in 2001. The past month rate showed a similar trend, falling from 14.9 percent in 1999 to 13.0 percent in 2001.

Alcohol use among 9th through 12th graders in the YRBS has remained fairly stable over the past few surveys. Past month alcohol use was 47.1 percent in the 2001 survey, which was not a significant change from the estimate of 50.0 percent in the 1999 survey. In contrast, the NHSDA showed a significant increase in past month alcohol use for youths aged 12 to 17 from 2000 to 2001. The rate was 16.5 percent in 1999 and 17.3 percent in 2001. Episodic heavy drinking (defined as having five or more drinks on one or more occasions in the 30 days prior to the survey) also held steady with prevalence rates of 31.5 percent in 1999 and 29.9 percent in the 2001 YRBS. Although the corresponding 2001 NHSDA rate for binge alcohol use among 12 to 17 year olds was much lower (10.6 percent), the NHSDA also showed a level trend between 1999 and 2001.

Partnership Attitude Tracking Study (PATS)

Data from the 2001 PATS shows a continuing decline in cigarette use among teenagers. For adolescents in grades 7 through 12, the prevalence of past month cigarette use was 28.0 percent in 2001, down from 34.0 percent in 2000 (PDFA, 2002). The NHSDA showed a steady prevalence level from 2000 to 2001 with rates of 13.4 percent in 2000 and 13.0 percent in 2001 among youths aged 12 to 17. Again, the lower prevalence estimates in the NHSDA are likely due to its home-based study design.

The 2001 PATS found that alcohol use declined from 2000 to 2001. In 2001, 53.0 percent of teenagers reported using alcohol in the past year, down from 58.0 percent in 2000. This compares with 33.9 percent of youths aged 12 to 17 reporting past year use in the 2001 NHSDA. The 2001 PATS also found that 35.0 percent of teenagers reported past month alcohol use, down from 39.0 percent in 2000. The binge drinking estimate decreased slightly from 31.0 percent in 2000 to 30.0 percent in 2001. In comparison, the 2001 NHSDA rates for past month alcohol use and binge drinking for 12 to 17 year olds were 17.3 and 10.6 percent, respectively. The 2001 NHSDA past month alcohol use rate was significantly higher than the 2000 rate (16.4 percent).

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a State-based telephone survey of the civilian, noninstitutionalized adult population sponsored by the CDC. Adults include all persons aged 18 or older. In 2000, BRFSS collected data from all 50 states, the District of Columbia, and Puerto Rico. BRFSS collects information on access to health care, health status indicators, health risk behaviors (including cigarette and alcohol use), and the use of clinical preventive services by State. The median percentage of adults reporting current cigarette use in 2000 was 23.2 percent, a slight increase from 1999 (22.6 percent) (CDC, 2002a). The corresponding NHSDA rate (26.3 percent) was not statistically different from the 1999 rate (27.0 percent). In 1999, the median percentage of adults who reported current alcohol use in BRFSS remained stable at 54.2 percent. The 2000 NHSDA estimate of 50.2 percent also was not a significant change from 1999.

National Longitudinal Study of Adolescent Health (Add Health)

Results from the 1994-95 National Longitudinal Study of Adolescent Health (Add Health, described above) indicate that nearly 3.2 percent of 7th and 8th graders smoked six or more cigarettes a day as did 12.8 percent of 9th through 12th graders (Resnick et al., 1997). In addition, the Add Health study found that 7.3 percent of 7th and 8th graders used alcohol on 2 or more days in the past month as did 23.1 percent of 9th through 12th graders.

National Survey of Parents and Youth (NSPY)

The NSPY also collects information on cigarette and alcohol use. In 2001, this survey estimated that 34.9 percent of youths aged 12 to 18 had used cigarettes at some point in their lifetime (see Table E.11). This represented a significant decline from 2000 (38.0 percent). Past month cigarette use showed a small, but not statistically significant, decline from 2000 to 2001 (12.9 to 11.7 percent). The NHSDA rates, however, did not show this pattern. The lifetime rate showed a small decline for 12 to 17 year olds from 2000 to 2001, but the change was not statistically significant (34.6 to 33.6 percent). The past month smoking rate for 12 to 17 year olds showed no change. The rate was 13.4 percent in 2000 and 13.0 percent in 2001. The two surveys have produced very similar smoking estimates over the past few years.

In 2001, the NSPY estimated that 45.9 percent of youths aged 12 to 18 had used alcohol at some point in their lifetime. This does represent a slight increase, but it is not a statistically significant change from 2000 (47.3 percent). The estimate for past month use was 36.5 percent for the same age group. Again, this is not a significant change from 2000 when the rate was 37.7 percent. Although the NHSDA lifetime rate remained stable from 2000 to 2001, the past month alcohol rate showed a significant increase for 12 to 17 year olds. The rate rose from 16.4 percent in 2000 to 17.3 percent in 2001. The NSPY generally produces higher alcohol use rates than the NHSDA, but the trends tend to move in the same direction.

The parent component of the NSPY showed stable rates for lifetime cigarette use. Past month use, however, showed a significant decline from 2000 to 2001. The rate declined from 27.5 percent in 2000 to 25.2 percent in 2001. Both the lifetime smoking rate and the past month smoking rate remained stable in the 2001 NHSDA. The lifetime and past month smoking rates for those aged 18 or older were 71.1 and 26.3 percent, respectively. Again, the two surveys produce very similar estimates for this age group.

Harvard School of Public Health College Alcohol Study (CAS)

In 1993, the Harvard School of Public Health conducted a mail survey of students from a nationally representative sample of colleges. The purpose of the study was to gather data on the drinking patterns of college students. The study was repeated in 1997, 1999, and 2001. The survey found that the overall rate of binge drinking did not change substantially from 1993 to 2001 (43.9 to 44.4 percent) (Wechsler et al., 2002). The CAS defined binge drinking as the consumption of five or more drinks in a row for men and four drinks in a row for women. The study found a sizable increase in both the number of students who binge drank frequently (22.8 percent in 2001 vs. 19.7 percent in 1993) and those who did not drink at all (19.3 percent in 2001 vs. 16.4 percent in 1993). The 2001 NHSDA binge drinking rate among full-time undergraduates aged 18 to 22 was 42.5 percent. It is useful to note that the NHSDA defines binge drinking as five or more drinks in a row on at least one occasion in the past month for both men and women. Despite the different definition of binge drinking, the CAS estimate and the NHSDA estimate are very similar.

E.3 Other Surveys of Substance Abuse and Dependence

National Comorbidity Survey (NCS)

The National Comorbidity Survey (NCS) was sponsored by the National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W. T. Grant Foundation. It was designed to measure the prevalence of the illnesses in the *Diagnostic Statistical Manual of Mental Disorders* (DSM-III-R) (American Psychiatric Association [APA], 1987). The NCS was a household survey consisting of more than 8,000 respondents aged 15 to 54. The interviews took place between 1990 and 1992. The NCS used a modified version of the Composite International Diagnostic Interview (the UM-CIDI) for its diagnoses. The results showed that 3.6 percent of the population abused or were dependent on some type of drug in the previous 12 months (Kessler et al., 1994) The corresponding NHSDA rate for this age group in 2001 was 3.3 percent. Alcohol abuse or dependence, however, showed a much higher prevalence in the NCS with 14.1 percent of the population abusing or dependent on the drug in the previous year. Alcohol also had a much higher prevalence in the 2001 NHSDA (7.7 percent), but it was still well below the NCS rate. When comparing these two studies, one should keep in mind that they were conducted in two different time periods and they each use a different set of diagnostic questions. The 2001 NHSDA estimates for abuse and dependence are based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

National Longitudinal Alcohol Epidemiologic Survey (NLAES)

The National Longitudinal Alcohol Epidemiologic Survey (NLAES) was conducted in 1992 by the U.S. Bureau of the Census for the National Institute on Alcohol Abuse and Alcoholism. Face-to-face interviews were conducted with 42,862 respondents aged 18 or older in the contiguous United States. NLAES was designed to study the drinking practices, behaviors, and related problems in the general public. The survey included an extensive set of questions designed to assess the presence of symptoms of alcohol and drug abuse and dependence during the prior 12 months, based on the criteria from the DSM-IV (APA, 1994). This study based its diagnoses on the updated DSM-IV. The survey found that 7.4 percent of adults were abusing or dependent on alcohol (Grant, 1995). In 2001, the NHSDA found that 6.0 percent of adults were abusing or dependent on alcohol. NLAES also found that 1.5 percent of adults were abusing or dependent on some type of illicit drug in the past year. In comparison, the 2001 NHSDA found that 2.2 percent of adults were abusing or dependent on some illicit drug. Although the estimates from these two surveys are relatively close, one should note that they were conducted in different time periods using different methodologies.

E.4 Surveys of Populations Not Covered by the NHSDA

National Survey of Parents and Youth (NSPY)

The NSPY, described above, is distinct in that it measures drug use and attitudes among youths as young as 9. The NSPY results show that youths aged 9 to 11 are strongly opposed to marijuana use. Wave 3 of the survey estimates that only 0.3 percent of youths aged 9 through 11 had used marijuana in the past year. The corresponding rates for Waves 1 and 2 were 0.8 and 0.0 percent, respectively (ONDCP, 2002).

Washington, DC, Metropolitan Area Drug Study (DC*MADS)

The Washington, DC, Metropolitan Area Drug Study (DC*MADS) was designed (a) to estimate the prevalence, correlates, and consequences of drug abuse among all types of people residing in one metropolitan area of the country during one period of time with special focus on populations who were underrepresented or unrepresented in household surveys and (b) to develop a methodological model for similar types of research in other metropolitan areas of the country. Sponsored by the National Institute on Drug Abuse (NIDA) and conducted from 1989 to 1995 by RTI and Westat, Inc., as the principals, the project included 11 separate, but coordinated studies that focused on different population subgroups (e.g., homeless people, institutionalized individuals, adult and juvenile offenders, new mothers, drug abuse treatment clients) or different aspects of the drug abuse problem (e.g., adverse consequences of drug abuse). DC*MADS provided a replicable methodological approach for developing representative estimates of the prevalence of drug abuse among all population subgroups, regardless of their residential setting, in a metropolitan area. The key population domains in DC*MADS were the homeless, the institutionalized, and the household. A major finding of DC*MADS was that, when data are aggregated for populations from each of the three domains, the overall prevalence estimates for use of drugs differ only marginally from those that would be obtained from the household population alone (i.e., from the NHSDA), largely because the other populations are very small compared with the household population. However, a somewhat different picture emerged when the numbers of drug users were examined. Adding in the nonhousehold populations resulted in an increase of approximately 14,000 illicit drugs users compared with the corresponding estimates for the household population. About 25 percent of past year crack users, 20 percent of past year heroin users, and one third of past year needle users were found in the nonhousehold population (Bray & Marsden, 1999).

Department of Defense Survey of Health Related Behaviors Among Military Personnel

The 1998 DoD Survey of Health Related Behaviors Among Military Personnel (7th in a series of studies conducted since 1980) was sponsored by the Department of Defense (DoD) and conducted by RTI. The sample consisted of 17,264 active-duty Armed Forces personnel worldwide who completed self-administered questionnaires anonymously that assessed substance use and other health behaviors. For the total DoD, during the 30 days prior to the date that a survey was completed, heavy alcohol use declined from 20.8 percent in 1980 to 15.4 percent in 1998; cigarette smoking decreased from 51.0 percent in 1980 to 29.9 percent in 1998; and use of any illicit drugs declined from 27.6 percent in 1980 to 2.7 percent in 1998 (Bray et al., 1999). For the latest survey, military personnel exhibited significantly higher rates of heavy alcohol use than their civilian counterparts (14.2 vs. 9.9 percent) when demographic differences between the military and civilian populations were taken into account (civilian data were drawn from the 1997 NHSDA and adjusted to reflect demographic characteristics of the military). Differences in military and civilian heavy alcohol use rates were largest for men aged 18 to 25. Among this age group, the military rate was nearly twice as high as the adjusted civilian rate (26.9 vs. 14.9 percent). In contrast, military personnel showed lower rates of cigarette use (29.1 vs. 32.8

percent) compared with civilians, a finding that seems largely due to an increase in smoking among civilians rather than a significant decrease among military personnel since the prior survey in 1995. Similarly, rates of illicit drug use in the military were significantly lower than those observed for the comparable civilian population when demographic differences between the military and civilian populations were taken into account (2.6 vs. 10.7 percent). Differences in illicit drug use between the military and civilian populations were more pronounced for males than females. For males aged 18 to 55, 2.8 percent of those in the military used drugs in the 30 days prior to survey compared with 11.4 percent of the civilian population (adjusted). For females aged 18 to 55, 1.9 percent of those in the military used drugs in the 30 days prior to survey compared with 6.2 percent of the civilian population (adjusted). Nearly all military personnel reported having been tested for drugs since joining the military.

Survey of Inmates in State and Federal Correctional Facilities

The 1997 Survey of Inmates in State and Federal Correctional Facilities sampled inmates from a universe of 1,409 State prisons and 127 Federal Prisons for the Bureau of Justice Statistics (BJS). Systematic random sampling was used to select the inmates for the computer-assisted personal interviews. The final numbers interviewed were 14,285 State prisoners and 4,041 Federal prisoners. Among other items, these surveys collect information on the use of drugs in the month before the offense for convicted inmates. Women in State prisons (62 percent) were more likely than men (56 percent) to have used drugs in the month before the offense (BJS, 1999). Women also were more likely to have committed their offense while under the influence of drugs (40 vs. 32 percent of male prisoners). Among Federal prisoners, men (45 percent) were more likely than women (37 percent) to have used drugs in the past month. Male and female Federal prisoners were equally likely to report the influence of drugs during their offense (23 percent of male and 19 percent of female prisoners). The survey results indicate substantially higher rates of drug use among State and Federal prisoners as compared with the household population.

Table E.1 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Marijuana* among 8th, 10th, and 12th Graders in the NHSDA and MTF: 1999 through 2001

	Survey					
	NHSDA (January to June)			MTF[1]		
Time Period, by Current Grade Level	1999	2000	2001	1999	2000	2001
Lifetime Use						
8th grade	10.9	9.2	10.3	22.0	20.3	20.4
10th grade	27.7	26.9	29.4	40.9	40.3	40.1
12th grade	41.4	37.1	38.4	49.7	48.8	49.0
Past Year Use						
8th grade	8.1	6.8	7.7	16.5	15.6	15.4
10th grade	21.6	20.0[a]	23.5	32.1	32.2	32.7
12th grade	29.7	26.8	26.7	37.8	36.5	37.0
Past Month Use						
8th grade	4.5	3.3	3.7	9.7	9.1	9.2
10th grade	10.7	10.1[a]	12.8	19.4	19.7	19.8
12th grade	16.4	15.4	15.1	23.1	21.6	22.4

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.
[c] Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1] MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.
The Monitoring the Future Study, The University of Michigan, 1999 - 2001.

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Table E.2 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cocaine* among 8th, 10th, and 12th Graders in the NHSDA and MTF: 1999 through 2001

	Survey					
	NHSDA (January to June)			MTF[1]		
Time Period, by Current Grade Level	1999	2000	2001	1999	2000	2001
Lifetime Use						
8th grade	0.8	0.9	0.8	4.7	4.5	4.3
10th grade	3.2	3.2	3.3	7.7	6.9	5.7
12th grade	7.5	5.4	5.1	9.8	8.6	8.2
Past Year Use						
8th grade	0.3	0.7	0.5	2.7	2.6	2.5
10th grade	1.9	2.8	2.2	4.9	4.4	3.6
12th grade	4.6	2.5	3.0	6.2	5.0	4.8
Past Month Use						
8th grade	0.2	0.1	0.0	1.3	1.2	1.2
10th grade	0.7	0.9	0.8	1.8	1.8	1.3
12th grade	1.2	0.3	0.9	2.6	2.1	2.1

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.
[c] Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1] MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.
The Monitoring the Future Study, The University of Michigan, 1999 - 2001.

Table E.3 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Inhalants* Among 8th, 10th, and 12th Graders in the NHSDA and MTF: 1999 through 2001

	Survey					
	NHSDA (January to June)			MTF[1]		
Time Period, by Current Grade Level	**1999**	**2000**	**2001**	**1999**	**2000**	**2001**
Lifetime Use						
8th grade	10.8	9.7	8.4	19.7	17.9	17.1
10th grade	10.6	10.2	9.9	17.0	16.6	15.2
12th grade	12.2[a]	9.5	8.5	15.4	14.2	13.0
Past Year Use						
8th grade	4.5	3.8	3.4	10.3	9.4	9.1
10th grade	4.5	3.5	3.5	7.2	7.3	6.6
12th grade	4.8	3.7	3.5	5.6	5.9	4.5
Past Month Use						
8th grade	1.4	0.8	0.9	5.0	4.5	4.0
10th grade	0.8	0.7	0.7	2.6	2.6	2.4
12th grade	1.2	0.8	0.9	2.0	2.2	1.7

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.
[c] Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1] MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.
The Monitoring the Future Study, The University of Michigan, 1999 - 2001.

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Table E.4 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Hallucinogens* Among 8th, 10th, and 12th Graders in the NHSDA and MTF: 1999 through 2001

	Survey					
	NHSDA (January to June)			MTF[1]		
Time Period, by Current Grade Level	**1999**	**2000**	**2001**	**1999**	**2000**	**2001**
Lifetime Use						
8th grade	2.7	2.3[a]	3.8	4.8	4.6	4.0
10th grade	7.8	7.3	8.4	9.7	8.9	7.8
12th grade	13.6	12.2	12.7	13.7	13.0	12.8
Past Year Use						
8th grade	1.7[a]	1.6[a]	3.0	2.9	2.8	2.5
10th grade	5.4	4.9	6.5	6.9	6.1	5.2
12th grade	8.7	6.8	9.1	9.4	8.1	8.4
Past Month Use						
8th grade	0.4	0.2	0.5	1.3	1.2	1.2
10th grade	1.4	1.6	1.7	2.9	2.3	2.1
12th grade	2.4	1.9[a]	3.6	3.5	2.6	3.2

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.
[c] Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1] MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.
The Monitoring the Future Study, The University of Michigan, 1999 - 2001.

Table E.5 NSPY Trends in Marijuana Use Across Measures, by Age Group

Use Measure	Age Group	Percent Reporting Use			
		Year 2000 Average Waves 1 and 2 (%)	Year 2001 Average Waves 3 and 4 (%)	Year 2000 to 2001 % Change	95% CI on 2000-2001 Change
Lifetime					
	12 to 13	4.9	4.1	-0.8	(-2.4, 0.8)
	14 to 15	15.1	18.9	3.8	(-0.3, 7.8)
	16 to 18	40.3	39.9	-0.4	(-5.4, 4.6)
	12 to 18	21.9	22.6	0.8	(-1.7, 3.2)
Past Year					
	12 to 13	3.3	2.6	-0.6	(-2.1, 0.8)
	14 to 15	11.3	13.8	2.5	(-1.0, 5.9)
	16 to 18	29.1	26.8	-2.3	(-6.9, 2.3)
	12 to 18	15.8	15.5	-0.3	(-2.5, 1.9)
Past Month					
	12 to 13	1.4	1.1	-0.3	(-1.2, 0.7)
	14 to 15	3.6	7.2	3.6[a]	(0.9, 6.3)
	16 to 18	14.6	14.0	-0.6	(-4.3, 3.0)
	12 to 18	7.2	8.0	0.8	(-0.9, 2.5)
Regular					
	12 to 13	0.5	0.3	-0.3	(-0.7, 0.2)
	14 to 15	2.2	5.4	3.3[a]	(1.1, 5.4)
	16 to 18	12.4	11.7	-0.7	(-4.1, 2.7)
	12 to 18	5.6	6.3	0.7	(-0.8, 2.1)

[a] Between-year change significant at $p < .05$.

CI = confidence interval.
NSPY = National Survey of Parents and Youth.

Source: National Institute on Drug Abuse, National Survey of Parents and Youth, 2000 -2001.

Table E.6 NSPY Parent Drug Use, 2000 and 2001

	2000		2001		Year 2000 to 2001 Change	
Drug Use	**Percent**	**95% CI**	**Percent**	**95% CI**	**Percent**	**95% CI**
Cigarettes						
Lifetime	69.8	(67.9, 71.6)	69.8	(67.5, 72.0)	0.0	(-2.5, -2.4)
Past month	27.5	(25.7, 29.4)	25.2	(23.0, 27.5)	-2.3	(-4.5, -0.1)[a]
Alcohol						
Lifetime	88.1	(86.5, 89.6)	88.1	(86.1, 89.8)	-0.1	(-2.4, 2.3)
Past month	57.1	(54.8, 59.3)	55.9	(53.0, 58.9)	-1.1	(-4.2, 1.9)
Marijuana						
Lifetime	52.8	(50.6, 55.0)	53.7	(51.0, 56.4)	0.9	(-1.9, 3.7)
Past month	2.7	(2.0, 3.6)	3.4	(2.4, 4.6)	0.7	(-0.6, 1.9)

[a] Between-year change significant at $p < .05$.

CI = confidence interval.
NSPY = National Survey of Parents and Youth.

Source: National Institute on Drug Abuse, National Survey of Parents and Youth, 2000 -2001.

Table E.7 Past Month *Cigarette* Use among Adults Aged 18 Years or Older, by Gender and Age Group: United States, 1999-2001, NHIS and NHSDA

Gender and Age Group (Years)	Study	1999 Percent (SE)	2000 Percent (SE)	2001 Percent (SE)
Total	NHIS	23.7 (0.32)	23.4 (0.32)	22.9 (0.30)
	NHSDA	25.4 (0.39)	24.7 (0.34)	24.7 (0.35)
18 to 25	NHIS	28.5 (0.96)	27.2 (0.95)	27.8 (0.96)
	NHSDA	33.4 (0.47)	32.4 (0.46)	33.3 (0.46)
26+	NHIS	22.8 (0.32)	22.7 (0.33)	22.1 (0.29)
	NHSDA	24.1 (0.43)	23.4 (0.39)	23.2 (0.40)
18 to 20	NHIS	25.9 (1.60)	24.7 (1.45)	26.0 (1.47)
	NHSDA	33.0 (0.67)	31.9 (0.69)	32.0 (0.73)
21 to 25	NHIS	30.2 (1.18)	28.8 (1.12)	28.9 (1.13)
	NHSDA	33.7 (0.63)	32.8 (0.56)	34.2 (0.55)
26 to 34	NHIS	26.2 (0.70)	25.7 (0.70)	24.7 (0.63)
	NHSDA	29.5 (0.69)	27.3 (0.55)	28.2 (0.73)
35 to 49	NHIS	27.7 (0.57)	27.6 (0.57)	26.1 (0.51)
	NHSDA	29.3 (0.73)	27.4 (0.67)	28.8 (0.59)
50+	NHIS	16.9 (0.40)	17.1 (0.39)	17.4 (0.40)
	NHSDA	17.1 (0.69)	18.3 (0.65)	16.3 (0.62)
Male	NHIS	25.9 (0.49)	25.8 (0.47)	25.3 (0.44)
	NHSDA	28.1 (0.58)	27.1 (0.52)	27.1 (0.50)
18 to 25	NHIS	30.3 (1.41)	28.9 (1.29)	31.3 (1.35)
	NHSDA	36.5 (0.65)	35.7 (0.65)	36.6 (0.67)
26+	NHIS	25.1 (0.51)	25.2 (0.48)	24.2 (0.44)
	NHSDA	26.7 (0.67)	25.6 (0.60)	25.4 (0.58)
Female	NHIS	21.6 (0.38)	21.2 (0.39)	20.8 (0.39)
	NHSDA	23.0 (0.50)	22.5 (0.47)	22.5 (0.46)
18 to 25	NHIS	26.9 (1.23)	25.5 (1.19)	24.3 (1.24)
	NHSDA	30.4 (0.59)	29.2 (0.57)	30.1 (0.62)
26+	NHIS	20.7 (0.39)	20.5 (0.40)	20.2 (0.39)
	NHSDA	21.8 (0.56)	21.5 (0.53)	21.3 (0.52)

Note: For the NHIS, *past month cigarette use* is defined as currently smoking daily or smoking 1+ day in the past month or quitting smoking less than 30 days ago (for those who smoked 100+ cigarettes in lifetime). The analysis excluded those with unknown cigarette use status (about 1 percent each year). For the NHSDA, *past month cigarette use* is defined as having smoked in the past month and have smoked at least 100 cigarettes in the lifetime.

NHIS = National Health Interview Survey.
SE = standard error.

Sources: National Center for Health Statistics, National Health Interview Survey, 1999 - 2001.
SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.

Table E.8 Past Year *Alcohol* Use among Adults Aged 18 Years or Older, by Gender and Age Group: United States, 1999-2001, NHIS and NHSDA

Gender and Age Group (Years)	Study	1999 Percent (SE)	2000 Percent (SE)	2001 Percent (SE)
Total	NHIS	62.6 (0.42)	61.5 (0.43)	62.7 (0.37)
	NHSDA	65.6 (0.47)	65.3 (0.43)	67.1 (0.37)
18 to 25	NHIS	63.6 (1.1)	60.7 (1.09)	64.7 (1.07)
	NHSDA	74.8 (0.48)	74.5 (0.46)	75.4 (0.41)
26+	NHIS	62.4 (0.42)	61.6 (0.43)	62.3 (0.38)
	NHSDA	64.0 (0.53)	63.7 (0.49)	65.7 (0.43)
18 to 20	NHIS	51.4 (1.85)	47.4 (1.75)	54.6 (1.82)
	NHSDA	69.2 (0.75)	69.2 (0.68)	69.8 (0.67)
21 to 25	NHIS	71.2 (1.21)	69.2 (1.27)	71.0 (1.16)
	NHSDA	78.9 (0.55)	78.2 (0.55)	79.3 (0.48)
26 to 34	NHIS	71.7 (0.78)	70.4 (0.75)	71.5 (0.67)
	NHSDA	74.7 (0.63)	75.1 (0.57)	76.5 (0.69)
35 to 49	NHIS	70.0 (0.62)	68.2 (0.62)	69.1 (0.55)
	NHSDA	70.7 (0.81)	69.6 (0.71)	71.8 (0.55)
50+	NHIS	51.1 (0.56)	51.7 (0.59)	52.4 (0.56)
	NHSDA	53.3 (0.97)	53.6 (0.88)	55.9 (0.81)
Male	NHIS	69.8 (0.52)	68.0 (0.51)	69.3 (0.47)
	NHSDA	70.5 (0.63)	71.6 (0.58)	72.0 (0.52)
18 to 25	NHIS	68.8 (1.46)	66.0 (1.45)	70.6 (1.47)
	NHSDA	78.4 (0.59)	77.2 (0.60)	78.3 (0.54)
26+	NHIS	70.0 (0.52)	68.4 (0.51)	69.1 (0.51)
	NHSDA	69.1 (0.73)	70.6 (0.68)	70.9 (0.60)
Female	NHIS	56.0 (0.54)	55.5 (0.56)	56.6 (0.48)
	NHSDA	61.1 (0.66)	59.4 (0.58)	62.7 (0.53)
18 to 25	NHIS	58.5 (1.49)	55.4 (1.37)	58.7 (1.45)
	NHSDA	71.3 (0.67)	71.8 (0.59)	72.6 (0.57)
26+	NHIS	55.6 (0.56)	55.5 (0.58)	56.2 (0.48)
	NHSDA	59.5 (0.75)	57.4 (0.66)	61.0 (0.61)

Note: For the NHIS, *past year alcohol use* is defined as having 12+ drinks in the lifetime AND having 1+ drink in the past year. The analysis excluded those with unknown alcohol use status (about 2 percent each year). For the NHSDA, past year alcohol use is defined as having had at least one drink in the past year.

NHIS = National Health Interview Survey.
SE = standard error.

Sources: National Center for Health Statistics, National Health Interview Survey, 1999 - 2001.
SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.

Table E.9 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* Among 8th, 10th, and 12th Graders in the NHSDA and MTF: 1999 through 2001

	Survey					
	NHSDA (January to June)			MTF[1]		
Time Period, by Current Grade Level	**1999**	**2000**	**2001**	**1999**	**2000**	**2001**
Lifetime Use						
8th grade	31.0[c]	25.0	24.5	44.1	40.5	36.6
10th grade	49.9[a]	46.7	45.3	57.6	55.1	52.8
12th grade	61.8[a]	53.7	55.2	64.6	62.5	61.0
Past Year Use						
8th grade	19.0[c]	13.9	12.9	--	--	--
10th grade	31.2	28.4	27.8	--	--	--
12th grade	46.3[c]	34.8	35.9	--	--	--
Past Month Use						
8th grade	9.4[a]	6.9	6.9	17.5	14.6	12.2
10th grade	20.0	18.4	18.3	25.7	23.9	21.3
12th grade	34.0[b]	26.8	27.2	34.6	31.4	29.5

*Low precision; no estimate reported.
– Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.
[c] Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1] MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.
The Monitoring the Future Study, The University of Michigan, 1999 - 2001.

Table E.10 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Alcohol* Among 8th, 10th, and 12th Graders in the NHSDA and MTF: 1999 through 2001

	Survey					
	NHSDA (January to June)			MTF[1]		
Time Period, by Current Grade Level	1999	2000	2001	1999	2000	2001
Lifetime Use						
8th grade	34.6	31.8	32.3	52.1	51.7	50.5
10th grade	58.8	56.9	58.1	70.6	71.4	70.1
12th grade	72.3	71.4	74.3	80.0	80.3	79.7
Past Year Use						
8th grade	25.9	23.5	24.3	43.5	43.1	41.9
10th grade	49.2	46.3	49.0	63.7	65.3	63.5
12th grade	62.8	62.5	63.7	73.8	73.2	73.3
Past Month Use						
8th grade	9.1	9.1	10.0	24.0	22.4	21.5
10th grade	23.4	23.1	24.3	40.0	41.0	39.0
12th grade	38.6	37.1	39.9	51.0	50.0	49.8

*Low precision; no estimate reported.
– Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.
[c] Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1] MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 - 2001.
The Monitoring the Future Study, The University of Michigan, 1999 - 2001.

Table E.11 NSPY Youth Alcohol and Cigarette Use, 2000 and 2001

	2000		2001		Year 2000 to 2001 Change	
Substance Use, by Age	**Percent**	**95% CI**	**Percent**	**95% CI**	**Percent**	**95% CI**
Aged 12 or 13						
Lifetime alcohol use	19.4	(17.4, 21.5)	19.4	(17.2, 21.8)	0.0	(3.0, -3.0)
Past month alcohol use	22.4	(17.9, 27.6)	20.4	(15.7, 26.1)	-2.0	(-9.3, 5.4)
Lifetime cigarette use	15.5	(13.7, 17.4)	13.8	(11.9, 16.0)	-1.7	(-4.4, 1.0)
Past month cigarette use	2.4	(1.8, 3.4)	2.0	(1.3, 3.0)	-0.5	(-1.5, 0.5)
Aged 14 or 15						
Lifetime alcohol use	45.3	(41.6, 48.9)	44.1	(40.9, 47.5)	-1.1	(-5.7, 3.4)
Past month alcohol use	28.4	(22.4, 35.3)	28.3	(23.4, 33.7)	-0.1	(-8.8, 8.6)
Lifetime cigarette use	35.2	(31.5, 39.0)	33.9	(30.7, 37.2)	-1.3	(-6.0, 3.4)
Past month cigarette use	8.2	(6.3, 10.5)	8.4	(6.4, 11.0)	0.3	(-2.8, 3.4)
Aged 16 to 18						
Lifetime alcohol use	69.7	(66.1, 73.2)	67.2	(63.2, 71.0)	-2.5	(-7.6, 2.5)
Past month alcohol use	45.9	(41.1, 50.7)	44.3	(39.5, 49.3)	-1.5	(-8.1, 5.0)
Lifetime cigarette use	57.2	(53.6, 60.7)	51.5	(47.6, 55.5)	-5.6	(-10.7, -0.6)[a]
Past month cigarette use	24.6	(21.7, 27.9)	21.7	(18.6, 25.1)	-3.0	(-7.0, 1.1)
Aged 12 to 18						
Lifetime alcohol use	47.3	(45.0, 49.6)	45.9	(43.8, 48.1)	-1.3	(-4.1, 1.4)
Past month alcohol use	37.7	(34.3, 41.3)	36.5	(33.1, 40.0)	-1.2	(-5.7, 3.2)
Lifetime cigarette use	38.0	(36.0, 40.0)	34.9	(32.7, 37.2)	-3.1	(-5.7, -0.5)[a]
Past month cigarette use	12.9	(11.6, 14.3)	11.7	(10.2, 13.4)	-1.2	(-3.1, 0.7)

[a] Between-year change significant at $p < .05$.

CI = confidence interval.
NSPY = National Survey of Parents and Youth.

Source: National Institute on Drug Abuse, National Survey of Parents and Youth, 2000 -2001.

Appendix F: References

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Appendix G

Sample Size and Population Tables

20312 (7.1N)

Table G.1 Survey Sample Size for All Respondents Aged 12 or Older, by Gender and Detailed Age Categories: 2000 and 2001

Age Category	Total		GENDER			
			Male		Female	
	2000	2001	2000	2001	2000	2001
Total	71,764	68,929	34,386	33,110	37,378	35,819
12	4,117	3,606	2,100	1,817	2,017	1,789
13	4,488	3,994	2,299	2,071	2,189	1,923
14	4,481	4,048	2,282	2,061	2,199	1,987
15	4,399	3,943	2,237	1,961	2,162	1,982
16	4,263	3,915	2,128	1,979	2,135	1,936
17	3,969	3,627	1,931	1,828	2,038	1,799
18	3,278	3,201	1,604	1,574	1,674	1,627
19	2,951	2,926	1,454	1,402	1,497	1,524
20	2,903	2,742	1,359	1,327	1,544	1,415
21	2,715	2,824	1,268	1,308	1,447	1,516
22	2,738	2,747	1,246	1,317	1,492	1,430
23	2,704	2,773	1,313	1,303	1,391	1,470
24	2,623	2,800	1,220	1,304	1,403	1,496
25	2,701	2,645	1,252	1,208	1,449	1,437
26-29	4,183	2,961	1,890	1,388	2,293	1,573
30-34	5,369	3,932	2,423	1,785	2,946	2,147
35-39	2,488	3,403	1,149	1,643	1,339	1,760
40-44	2,424	3,390	1,138	1,551	1,286	1,839
45-49	2,246	3,243	1,037	1,532	1,209	1,711
50-54	1,648	1,512	781	703	867	809
55-59	1,197	1,199	573	523	624	676
60-64	933	857	439	388	494	469
65 or Older	2,946	2,641	1,263	1,137	1,683	1,504

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table G.2 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Gender and Detailed Age Categories: 2000 and 2001

Age Category	Total		GENDER			
			Male		Female	
	2000	2001	2000	2001	2000	2001
Total	223,280	225,636	107,344	108,568	115,935	117,068
12	3,742	3,691	1,932	1,867	1,810	1,824
13	4,017	4,019	2,078	2,101	1,939	1,918
14	4,046	4,099	2,087	2,088	1,959	2,010
15	4,003	4,075	2,083	2,069	1,920	2,005
16	3,964	3,989	1,990	2,034	1,974	1,955
17	3,596	3,727	1,789	1,915	1,807	1,812
18	4,312	4,296	2,203	2,212	2,109	2,084
19	3,888	3,890	1,992	1,930	1,896	1,960
20	3,883	3,764	1,909	1,904	1,974	1,860
21	3,508	3,669	1,706	1,735	1,802	1,934
22	3,390	3,685	1,635	1,901	1,755	1,784
23	3,463	3,518	1,770	1,733	1,693	1,784
24	3,214	3,382	1,581	1,656	1,633	1,727
25	3,327	3,281	1,619	1,574	1,708	1,707
26-29	14,204	13,531	6,856	6,833	7,348	6,698
30-34	18,806	19,169	9,145	9,055	9,660	10,114
35-39	21,594	21,851	10,768	10,957	10,827	10,894
40-44	22,178	21,875	10,898	10,428	11,280	11,447
45-49	20,110	20,493	9,632	10,097	10,477	10,397
50-54	19,027	19,035	8,732	9,172	10,295	9,863
55-59	13,470	15,080	6,488	6,865	6,983	8,215
60-64	10,174	10,118	4,883	4,858	5,291	5,259
65 or Older	31,364	31,400	13,570	13,585	17,794	17,815

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table G.3 Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Demographic Characteristics: 2000 and 2001

			AGE GROUP (Years)					
	Total		12-17		18-25		26 or Older	
Demographic Characteristic	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	71,764	68,929	25,717	23,133	22,613	22,658	23,434	23,138
GENDER								
Male	34,386	33,110	12,977	11,717	10,716	10,743	10,693	10,650
Female	37,378	35,819	12,740	11,416	11,897	11,915	12,741	12,488
HISPANIC ORIGIN AND RACE								
Not Hispanic	62,371	60,050	22,046	20,045	19,288	19,300	21,037	20,705
White Only	49,415	47,621	17,047	15,460	14,991	14,936	17,377	17,225
Black Only	8,494	8,123	3,367	3,059	2,711	2,833	2,416	2,231
American Indian or Alaska Native Only	769	812	288	284	270	289	211	239
Native Hawaiian or Other Pacific Islander	261	245	92	82	108	96	61	67
Asian Only	2,393	2,190	784	700	856	774	753	716
More Than One Race	1,039	1,059	468	460	352	372	219	227
Hispanic	9,393	8,879	3,671	3,088	3,325	3,358	2,397	2,433
GENDER/RACE/HISPANIC ORIGIN								
Male - White	23,740	23,070	8,597	7,879	7,166	7,205	7,977	7,986
Female - White	25,675	24,551	8,450	7,581	7,825	7,731	9,400	9,239
Male - Black	3,790	3,598	1,660	1,522	1,127	1,163	1,003	913
Female - Black	4,704	4,525	1,707	1,537	1,584	1,670	1,413	1,318
Male - Hispanic	4,634	4,380	1,892	1,578	1,615	1,635	1,127	1,167
Female - Hispanic	4,759	4,499	1,779	1,510	1,710	1,723	1,270	1,266
ADULT EDUCATION[1]								
< High School	8,376	7,891	N/A	N/A	4,771	4,486	3,605	3,405
High School Graduate	16,026	15,786	N/A	N/A	8,234	8,270	7,792	7,516
Some College	12,577	12,979	N/A	N/A	6,954	7,223	5,623	5,756
College Graduate	9,068	9,140	N/A	N/A	2,654	2,679	6,414	6,461
CURRENT EMPLOYMENT[1,2]								
Full-Time	26,694	26,234	N/A	N/A	11,884	11,562	14,810	14,672
Part-Time	7,554	7,837	N/A	N/A	5,078	5,366	2,476	2,471
Unemployed	1,442	1,822	N/A	N/A	1,038	1,311	404	511
Other[3]	10,357	9,903	N/A	N/A	4,613	4,419	5,744	5,484

N/A: Not applicable.

[1] Data on adult education and current employment not shown for persons aged 12 to 17. Estimates for both adult education and current employment are for persons aged ≥ 18.

[2] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.

[3] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20401 (7.2A)

Table G.4 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Demographic Characteristics: 2000 and 2001

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	223,280	225,636	23,368	23,600	28,984	29,485	170,927	172,551
GENDER								
Male	107,344	108,568	11,959	12,075	14,413	14,644	80,972	81,849
Female	115,935	117,068	11,408	11,525	14,571	14,841	89,956	90,702
HISPANIC ORIGIN AND RACE								
Not Hispanic	199,432	200,974	20,056	20,178	24,649	25,018	154,727	155,778
White Only	162,913	163,808	15,308	15,342	19,142	19,384	128,463	129,082
Black Only	25,402	25,502	3,338	3,370	3,922	3,931	18,142	18,201
American Indian or Alaska Native Only	1,091	1,162	144	175	177	172	770	815
Native Hawaiian or Other Pacific Islander	545	655	66	58	104	99	376	498
Asian Only	7,620	7,944	835	838	1,003	1,090	5,782	6,016
More Than One Race	1,861	1,902	364	394	301	343	1,195	1,165
Hispanic	23,847	24,662	3,312	3,422	4,335	4,467	16,200	16,773
GENDER/RACE/HISPANIC ORIGIN								
Male - White	79,035	79,436	7,855	7,862	9,578	9,742	61,602	61,832
Female - White	83,878	84,372	7,453	7,479	9,564	9,643	66,861	67,250
Male - Black	11,441	11,559	1,705	1,715	1,816	1,836	7,920	8,009
Female - Black	13,961	13,943	1,633	1,655	2,106	2,095	10,222	10,193
Male - Hispanic	11,743	12,123	1,719	1,758	2,228	2,263	7,796	8,102
Female - Hispanic	12,104	12,539	1,593	1,664	2,107	2,204	8,404	8,671
ADULT EDUCATION[1]								
< High School	35,357	34,443	N/A	N/A	6,105	5,867	29,252	28,576
High School Graduate	67,135	65,573	N/A	N/A	10,401	10,501	56,734	55,072
Some College	48,303	50,169	N/A	N/A	9,061	9,523	39,242	40,646
College Graduate	49,116	51,851	N/A	N/A	3,416	3,595	45,700	48,257
CURRENT EMPLOYMENT[1,2]								
Full-Time	115,759	114,554	N/A	N/A	15,190	14,909	100,569	99,645
Part-Time	23,558	25,067	N/A	N/A	6,640	7,098	16,918	17,970
Unemployed	3,854	5,367	N/A	N/A	1,359	1,809	2,495	3,558
Other[3]	56,741	57,048	N/A	N/A	5,796	5,669	50,946	51,379

N/A: Not applicable.

[1] Data on adult education and current employment not shown for persons aged 12 to 17. Estimates for both adult education and current employment are for persons aged ≥ 18.

[2] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.

[3] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table G.5 Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Geographic Characteristics: 2000 and 2001

			AGE GROUP (Years)					
	Total		12-17		18-25		26 or Older	
Geographic Characteristic	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	71,764	68,929	25,717	23,133	22,613	22,658	23,434	23,138
GEOGRAPHIC DIVISION								
Northeast	14,394	14,444	5,102	4,962	4,310	4,790	4,982	4,692
New England	5,608	5,618	1,915	1,933	1,684	1,864	2,009	1,821
Middle Atlantic	8,786	8,826	3,187	3,029	2,626	2,926	2,973	2,871
Midwest	19,355	19,212	6,655	6,381	6,236	6,232	6,464	6,599
East North Central	13,094	12,830	4,581	4,314	4,098	4,126	4,415	4,390
West North Central	6,261	6,382	2,074	2,067	2,138	2,106	2,049	2,209
South	22,041	20,609	7,856	6,972	7,189	6,754	6,996	6,883
South Atlantic	11,331	10,721	4,078	3,607	3,579	3,596	3,674	3,518
East South Central	3,818	3,602	1,311	1,273	1,287	1,122	1,220	1,207
West South Central	6,892	6,286	2,467	2,092	2,323	2,036	2,102	2,158
West	15,974	14,664	6,104	4,818	4,878	4,882	4,992	4,964
Mountain	7,304	7,306	2,440	2,352	2,396	2,486	2,468	2,468
Pacific	8,670	7,358	3,664	2,466	2,482	2,396	2,524	2,496
COUNTY TYPE								
Large Metro	28,744	26,403	10,576	8,906	8,759	8,463	9,409	9,034
Small Metro	24,579	24,575	8,505	8,081	8,108	8,469	7,966	8,025
250K - 1 Mil. Pop.	17,569	17,472	6,179	5,903	5,633	5,809	5,757	5,760
<250K Pop.	7,010	7,103	2,326	2,178	2,475	2,660	2,209	2,265
Nonmetro	18,441	17,951	6,636	6,146	5,746	5,726	6,059	6,079
Urbanized	5,839	5,752	1,965	1,818	1,969	2,118	1,905	1,816
Less Urbanized	10,390	10,185	3,800	3,582	3,205	3,071	3,385	3,532
Completely Rural	2,212	2,014	871	746	572	537	769	731

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table G.6 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Geographic Characteristics: 2000 and 2001

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	223,280	225,636	23,368	23,600	28,984	29,485	170,927	172,551
GEOGRAPHIC DIVISION								
Northeast	42,822	43,092	4,200	4,257	5,112	5,023	33,510	33,812
New England	11,207	11,333	1,107	1,132	1,318	1,293	8,781	8,909
Middle Atlantic	31,615	31,758	3,093	3,126	3,794	3,730	24,729	24,903
Midwest	51,867	52,174	5,455	5,646	6,906	6,893	39,506	39,636
East North Central	36,303	36,646	3,769	3,917	4,805	4,780	27,729	27,949
West North Central	15,564	15,528	1,686	1,729	2,101	2,113	11,777	11,687
South	79,469	79,948	8,318	8,311	10,292	10,483	60,859	61,153
South Atlantic	41,078	41,482	4,070	4,150	4,927	5,041	32,081	32,291
East South Central	13,868	13,750	1,423	1,387	1,832	1,840	10,614	10,524
West South Central	24,522	24,715	2,825	2,774	3,533	3,602	18,164	18,339
West	49,122	50,422	5,394	5,386	6,675	7,086	37,053	37,949
Mountain	14,310	14,240	1,623	1,633	2,015	2,058	10,672	10,549
Pacific	34,812	36,182	3,771	3,753	4,660	5,029	26,380	27,400
COUNTY TYPE								
Large Metro	109,087	108,802	11,365	11,227	13,896	13,702	83,826	83,873
Small Metro	68,645	70,123	7,204	7,354	9,486	9,827	51,955	52,942
250K - 1 Mil. Pop.	51,000	52,078	5,392	5,485	6,634	6,875	38,975	39,718
<250K Pop.	17,644	18,045	1,812	1,869	2,853	2,952	12,980	13,224
Nonmetro	45,548	46,711	4,799	5,018	5,602	5,956	35,147	35,736
Urbanized	13,281	13,476	1,326	1,387	1,881	2,053	10,075	10,036
Less Urbanized	26,996	28,378	2,877	3,112	3,237	3,430	20,883	21,835
Completely Rural	5,270	4,857	596	519	484	473	4,189	3,865

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table G.7 Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: 2000 and 2001 Samples Combined

Racial and Ethnic Subgroup	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
TOTAL[1]	140,693	48,850	45,271	46,572
NOT HISPANIC[1]	122,421	42,091	38,588	41,742
White	97,036	32,507	29,927	34,602
Black	16,617	6,426	5,544	4,647
American Indian or Alaska Native	1,581	572	559	450
Native Hawaiian	161	57	62	42
Other Pacific Islander	339	117	138	84
Chinese	821	239	287	295
Filipino	855	276	282	297
Japanese	525	134	183	208
Asian Indian	1,012	283	394	335
Korean	485	188	167	130
Vietnamese	387	169	126	92
HISPANIC[1]	18,272	6,759	6,683	4,830
Mexican	11,398	4,192	4,242	2,964
Puerto Rican	2,238	939	775	524
Central or South American	2,661	894	1,020	747
Cuban	697	283	190	224

[1] Totals include data from respondents reporting racial/ethnic subgroups not shown, as well as respondents reporting more than one subgroup.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table G.8 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: Annual Averages Based on 2000 and 2001 Samples

Racial and Ethnic Subgroup	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
TOTAL[1]	224,458	23,484	29,235	171,739
NOT HISPANIC[1]	200,203	20,117	24,834	155,253
White	163,360	15,325	19,263	128,772
Black	25,452	3,354	3,926	18,172
American Indian or Alaska Native	1,126	160	174	792
Native Hawaiian	116	12	18	86
Other Pacific Islander	480	50	82	348
Chinese	1,594	147	198	1,248
Filipino	1,680	148	168	1,364
Japanese	647	42	77	528
Asian Indian	1,713	140	255	1,317
Korean	791	100	95	596
Vietnamese	624	124	106	394
HISPANIC[1]	24,255	3,367	4,401	16,486
Mexican	15,855	2,320	3,134	10,401
Puerto Rican	2,686	389	401	1,896
Central or South American	3,227	392	562	2,274
Cuban	1,012	105	95	812

[1] Totals include data from respondents reporting racial/ethnic subgroups not shown, as well as respondents reporting more than one subgroup.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Appendix H

Selected Prevalence Tables

20814 (1.1A)

Table H.1 *Estimated Numbers* (in Thousands) of Lifetime, Past Year, and Past Month Users of *Illicit Drugs* among *Persons Aged 12 or Older*: 2000 and 2001

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	86,931[b]	94,140	24,535[b]	28,409	14,027[b]	15,910
Marijuana and Hashish	76,321[b]	83,272	18,589[b]	21,086	10,714[b]	12,122
Cocaine	24,896[b]	27,788	3,328[b]	4,186	1,213[b]	1,676
Crack	5,307[a]	6,222	721[b]	1,027	265	406
Heroin	2,779	3,091	308	456	130	123
Hallucinogens[2]	26,125[b]	28,317	3,483[b]	4,597	971[b]	1,264
LSD	19,642	20,202	1,749	1,612	403	320
PCP	5,804	6,025	264	250	54	54
Ecstasy	6,482[b]	8,131	--	3,247	--	786
Inhalants	16,702[b]	18,219	1,918	1,922	622	539
Nonmedical Use of Any Psychotherapeutic[3]	32,443[b]	36,028	8,761[b]	11,102	3,849[b]	4,811
Pain Relievers	19,210[b]	22,133	6,466[b]	8,353	2,782[b]	3,497
Tranquilizers	13,007	13,945	2,731[b]	3,673	1,000[a]	1,358
Stimulants	14,661[a]	16,007	2,112[a]	2,486	788	1,018
Methamphetamine	8,843	9,600	1,031	1,341	387	576
Sedatives	7,142	7,477	611	806	175	306
Any Illicit Drug Other Than Marijuana[1]	52,605[b]	57,785	13,052[b]	15,861	5,711[b]	7,003

*Low precision; no estimate reported.

-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.

[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.1B)

Table H.2 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 12 or Older*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	38.9[b]	41.7	11.0[b]	12.6	6.3[b]	7.1
Marijuana and Hashish	34.2[b]	36.9	8.3[b]	9.3	4.8[b]	5.4
Cocaine	11.2[b]	12.3	1.5[b]	1.9	0.5[b]	0.7
Crack	2.4[a]	2.8	0.3[a]	0.5	0.1	0.2
Heroin	1.2	1.4	0.1	0.2	0.1	0.1
Hallucinogens[2]	11.7[b]	12.5	1.6[b]	2.0	0.4[b]	0.6
LSD	8.8	9.0	0.8	0.7	0.2	0.1
PCP	2.6	2.7	0.1	0.1	0.0	0.0
Ecstasy	2.9[b]	3.6	--	1.4	--	0.3
Inhalants	7.5[a]	8.1	0.9	0.9	0.3	0.2
Nonmedical Use of Any Psychotherapeutic[3]	14.5[b]	16.0	3.9[b]	4.9	1.7[b]	2.1
Pain Relievers	8.6[b]	9.8	2.9[b]	3.7	1.2[b]	1.6
Tranquilizers	5.8	6.2	1.2[b]	1.6	0.4[a]	0.6
Stimulants	6.6[a]	7.1	0.9	1.1	0.4	0.5
Methamphetamine	4.0	4.3	0.5	0.6	0.2	0.3
Sedatives	3.2	3.3	0.3	0.4	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	23.6[b]	25.6	5.8[b]	7.0	2.6[b]	3.1

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.2B)

Table H.3 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Youths Aged 12 to 17*: 2000 and 2001

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	26.9[a]	28.4	18.6[b]	20.8	9.7[b]	10.8
Marijuana and Hashish	18.3[b]	19.7	13.4[b]	15.2	7.2[a]	8.0
Cocaine	2.4	2.3	1.7	1.5	0.6	0.4
Crack	0.6	0.6	0.4	0.4	0.1	0.1
Heroin	0.4	0.3	0.2	0.2	0.1	0.0
Hallucinogens[2]	5.8	5.7	3.9	4.0	1.2	1.2
LSD	3.6[a]	3.1	2.2	1.9	0.5	0.4
PCP	1.1	1.0	0.5	0.5	0.1	0.1
Ecstasy	2.6[a]	3.2	--	2.4	--	0.6
Inhalants	8.9	8.6	3.5	3.5	1.0	1.0
Nonmedical Use of Any Psychotherapeutic[3]	10.9	11.6	7.1[b]	7.9	3.0	3.2
Pain Relievers	8.4[b]	9.4	5.4[b]	6.4	2.3	2.6
Tranquilizers	2.5	2.6	1.6	1.7	0.5	0.5
Stimulants	4.0	3.7	2.4	2.2	0.8	0.7
Methamphetamine	1.3	1.4	0.8	0.8	0.3	0.2
Sedatives	0.8	0.7	0.5	0.3	0.2	0.1
Any Illicit Drug Other Than Marijuana[1]	18.1	18.7	11.3[a]	12.0	4.6	4.9

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.3B)

Table H.4 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 18 to 25*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	51.2[b]	55.6	27.9[b]	31.9	15.9[b]	18.8
Marijuana and Hashish	45.7[b]	50.0	23.7[b]	26.7	13.6[b]	16.0
Cocaine	10.9[b]	13.0	4.4[b]	5.7	1.4[b]	1.9
Crack	2.8[b]	3.4	0.7[a]	0.9	0.1[a]	0.3
Heroin	1.4	1.6	0.4	0.5	0.1[b]	0.2
Hallucinogens[2]	19.3[b]	22.1	6.8[b]	9.3	1.8[b]	2.7
LSD	14.0[b]	15.3	3.4	3.3	0.8	0.6
PCP	2.3	2.6	0.3	0.4	0.1	0.1
Ecstasy	9.7[b]	13.1	--	6.9	--	1.7
Inhalants	12.8	13.4	2.4	2.5	0.6	0.6
Nonmedical Use of Any Psychotherapeutic[3]	19.5[b]	23.3	9.3[b]	12.1	3.6[b]	4.8
Pain Relievers	14.6[b]	18.2	7.3[b]	9.6	2.7[b]	3.6
Tranquilizers	7.4[b]	8.9	3.0[b]	4.2	1.0[a]	1.3
Stimulants	7.6[b]	9.5	2.4[b]	3.4	0.8[b]	1.3
Methamphetamine	4.1[b]	5.1	1.2[a]	1.7	0.3[b]	0.7
Sedatives	1.6	1.9	0.6	0.6	0.1	0.2
Any Illicit Drug Other Than Marijuana[1]	31.9[b]	35.4	14.8[b]	18.4	5.9[b]	7.8

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.4B)

Table H.5 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 26 or Older*: 2000 and 2001**

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	38.5[b]	41.2	7.1[b]	8.2	4.2	4.5
Marijuana and Hashish	34.4[b]	37.0	5.0[a]	5.6	3.0	3.2
Cocaine	12.4[b]	13.6	1.0[a]	1.2	0.4	0.6
Crack	2.5[a]	2.9	0.3[a]	0.4	0.1	0.2
Heroin	1.3	1.5	0.1	0.2	0.1	0.0
Hallucinogens[2]	11.2	11.9	0.4[a]	0.5	0.1	0.1
LSD	8.6	8.7	0.1	0.1	0.0	0.0
PCP	2.9	2.9	0.0	0.0	0.0	*
Ecstasy	1.8	2.0	--	0.4	--	0.1
Inhalants	6.4[a]	7.1	0.2	0.2	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[3]	14.2[a]	15.3	2.6[b]	3.3	1.2	1.5
Pain Relievers	7.6[a]	8.4	1.8[b]	2.3	0.9	1.1
Tranquilizers	6.0	6.2	0.9[a]	1.2	0.4	0.5
Stimulants	6.7	7.1	0.5	0.6	0.2	0.3
Methamphetamine	4.3	4.5	0.3	0.4	0.1	0.2
Sedatives	3.8	3.9	0.2[a]	0.3	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	22.9[b]	24.9	3.6[b]	4.4	1.7	2.0

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.5B)

Table H.6 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Youths Aged 12 or 13*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	**2000**	**2001**	**2000**	**2001**	**2000**	**2001**
Any Illicit Drug[1]	12.6	12.6	7.2	8.2	3.0[a]	3.8
Marijuana and Hashish	4.0	3.9	2.7	3.1	1.1	1.5
Cocaine	0.4	0.3	0.3	0.3	0.1	0.0
Crack	0.1	0.1	0.1	0.1	0.0	0.0
Heroin	0.1	0.1	0.1	0.1	0.0	*
Hallucinogens[2]	1.3	1.3	0.8	0.9	0.2	0.2
LSD	0.5	0.4	0.4	0.3	0.1	0.1
PCP	0.3	0.3	0.2	0.2	0.0	0.0
Ecstasy	0.3	0.5	--	0.4	--	0.1
Inhalants	6.8	6.1	2.8	2.9	0.7	0.9
Nonmedical Use of Any Psychotherapeutic[3]	5.6	5.6	3.5	3.7	1.6	1.8
Pain Relievers	4.4	4.7	2.5	3.1	1.3	1.5
Tranquilizers	0.8	0.7	0.5	0.4	0.1	0.1
Stimulants	1.7	1.2	1.1	0.8	0.3	0.3
Methamphetamine	0.3	0.4	0.2	0.2	0.1	0.1
Sedatives	0.5	0.4	0.3	0.2	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	10.8	10.6	5.9	6.4	2.3	2.6

*Low precision; no estimate reported.

-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.

[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.7 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Youths Aged 14 or 15*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	27.2	28.8	19.2[b]	21.5	9.8	10.9
Marijuana and Hashish	17.5	18.8	13.3[a]	14.8	6.9	7.6
Cocaine	1.9	1.6	1.6	1.1	0.5	0.4
Crack	0.5	0.4	0.5[a]	0.2	0.1	0.1
Heroin	0.4	0.3	0.2	0.2	0.0	0.0
Hallucinogens[2]	4.9	5.1	3.7	4.0	0.9	1.1
LSD	2.9	2.7	2.1	1.8	0.4	0.6
PCP	1.1[a]	0.7	0.6	0.5	0.1	0.1
Ecstasy	2.0[a]	2.7	--	2.3	--	0.5
Inhalants	9.9	9.7	4.1	4.2	1.2	1.3
Nonmedical Use of Any Psychotherapeutic[3]	11.0	12.0	7.4[a]	8.5	3.0	3.5
Pain Relievers	8.5[a]	9.9	5.5[b]	6.9	2.4	2.9
Tranquilizers	2.3	2.5	1.5	1.8	0.4	0.5
Stimulants	4.0	3.6	2.5	2.4	0.8	0.7
Methamphetamine	1.2	1.3	0.7	0.9	0.2	0.2
Sedatives	0.7	0.7	0.5	0.4	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	18.6	19.6	11.8	12.9	4.6	5.3

*Low precision; no estimate reported.

-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.

[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.7B)

Table H.8 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Youths Aged 16 or 17*: 2000 and 2001**

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	41.3[a]	43.6	29.8[b]	32.8	16.4	17.8
Marijuana and Hashish	34.0[a]	36.4	24.5[b]	27.6	13.7	14.9
Cocaine	4.9	4.9	3.2	3.1	1.1	0.9
Crack	1.2	1.4	0.6	0.8	0.1	0.2
Heroin	0.6	0.5	0.3	0.3	0.1	0.1
Hallucinogens[2]	11.3	10.8	7.3	7.2	2.3	2.3
LSD	7.5	6.4	4.1	3.7	1.1[a]	0.7
PCP	1.8	1.9	0.7	0.8	0.1	0.2
Ecstasy	5.6	6.3	--	4.4	--	1.4
Inhalants	10.0	10.0	3.7	3.4	1.0	0.7
Nonmedical Use of Any Psychotherapeutic[3]	16.2	17.3	10.4	11.4	4.3	4.4
Pain Relievers	12.4	13.5	8.2	9.2	3.3	3.5
Tranquilizers	4.6	4.7	2.9	3.0	0.8	1.0
Stimulants	6.2	6.4	3.5	3.4	1.2	1.0
Methamphetamine	2.5	2.6	1.5	1.4	0.6[a]	0.3
Sedatives	1.2	0.9	0.6	0.4	0.2	0.2
Any Illicit Drug Other Than Marijuana[1]	25.1	25.7	16.3	16.7	6.9	6.7

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.8B)

Table H.9 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 18 to 20*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	51.5[b]	54.6	33.3[b]	36.8	19.6[b]	22.4
Marijuana and Hashish	45.9[a]	48.4	28.7[a]	31.0	17.2[a]	19.0
Cocaine	9.8	10.5	4.8[b]	6.0	1.7	2.3
Crack	2.7	2.7	0.9	1.0	0.3	0.4
Heroin	1.3	1.4	0.4	0.5	0.1	0.2
Hallucinogens[2]	19.0[a]	20.9	9.6[b]	11.9	2.7[b]	3.7
LSD	13.8	13.6	5.3	5.0	1.4	0.9
PCP	2.5	2.6	0.6	0.6	0.1	0.2
Ecstasy	10.5[b]	13.7	--	8.6	--	2.3
Inhalants	13.0	12.4	3.8	3.6	0.8	0.9
Nonmedical Use of Any Psychotherapeutic[3]	20.2[b]	23.7	11.3[b]	14.3	4.5[b]	6.0
Pain Relievers	15.8[b]	19.2	9.0[b]	11.8	3.3[b]	4.6
Tranquilizers	7.1[b]	8.6	3.4[b]	4.7	1.2	1.5
Stimulants	8.0[b]	9.3	3.2[b]	4.4	1.1[a]	1.7
Methamphetamine	3.8	4.4	1.6	2.0	0.4[a]	0.8
Sedatives	1.7	1.8	0.8	0.7	0.2	0.2
Any Illicit Drug Other Than Marijuana[1]	32.1[b]	34.8	18.1[b]	21.5	7.5[b]	9.8

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table H.10 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 21 to 25*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	51.0[b]	56.2	24.1[b]	28.5	13.2[b]	16.3
Marijuana and Hashish	45.6[b]	51.1	20.1[b]	23.8	11.1[b]	13.9
Cocaine	11.6[b]	14.6	4.1[b]	5.5	1.1[b]	1.7
Crack	2.9[b]	3.9	0.5[a]	0.9	0.1[a]	0.2
Heroin	1.5	1.8	0.4	0.5	0.1[a]	0.2
Hallucinogens[2]	19.5[b]	22.9	4.8[b]	7.5	1.2[b]	2.0
LSD	14.2[b]	16.4	2.1	2.1	0.4	0.4
PCP	2.2[a]	2.7	0.2	0.2	0.1	0.1
Ecstasy	9.1[b]	12.8	--	5.7	--	1.3
Inhalants	12.6[a]	14.1	1.4	1.7	0.4	0.4
Nonmedical Use of Any Psychotherapeutic[3]	19.0[b]	23.0	7.9[b]	10.7	3.0[b]	4.0
Pain Relievers	13.7[b]	17.5	6.1[b]	8.2	2.3[a]	2.9
Tranquilizers	7.7[b]	9.1	2.8[b]	3.9	0.9[a]	1.2
Stimulants	7.3[b]	9.7	1.9[b]	2.7	0.5[b]	1.0
Methamphetamine	4.3[b]	5.6	0.9[b]	1.4	0.3[b]	0.7
Sedatives	1.6	1.9	0.4	0.5	0.1	0.2
Any Illicit Drug Other Than Marijuana[1]	31.8[b]	35.8	12.4[b]	16.3	4.7[b]	6.5

*Low precision; no estimate reported.

-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.

[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.10B)

Table H.11 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 26 to 34*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	50.9[a]	53.3	13.4[b]	16.1	7.8	8.8
Marijuana and Hashish	46.0[a]	47.9	10.3[a]	11.9	5.9	6.8
Cocaine	15.1	15.9	2.1	2.7	0.8	1.1
Crack	3.8	4.5	0.4	0.6	0.1	0.2
Heroin	1.1	1.3	0.0[a]	0.2	0.0	0.1
Hallucinogens[2]	15.8[a]	17.5	1.2[b]	1.9	0.4	0.4
LSD	11.8	12.6	0.4	0.4	0.1	0.0
PCP	1.8	2.0	0.1	0.0	0.0	0.0
Ecstasy	4.7[a]	6.0	--	1.4	--	0.2
Inhalants	11.0	12.0	0.5	0.6	0.2	0.2
Nonmedical Use of Any Psychotherapeutic[3]	16.9	18.0	4.4[b]	6.1	2.1	2.4
Pain Relievers	10.4[b]	12.4	3.2[b]	4.5	1.6	1.8
Tranquilizers	6.9	7.7	1.3[a]	2.0	0.5	0.7
Stimulants	6.8	6.7	0.8	1.1	0.4	0.5
Methamphetamine	4.8	4.4	0.5	0.7	0.2	0.4
Sedatives	2.1	1.9	0.3[a]	0.5	0.1	0.2
Any Illicit Drug Other Than Marijuana[1]	30.4[b]	33.3	6.6[b]	8.7	3.1	3.5

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (1.11B)

Table H.12 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Illicit Drugs* among *Persons Aged 35 or Older*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	35.5[b]	38.4	5.5[a]	6.3	3.3	3.5
Marijuana and Hashish	31.6[b]	34.5	3.8	4.1	2.3	2.4
Cocaine	11.8[a]	13.0	0.7	0.9	0.3	0.5
Crack	2.2	2.6	0.2	0.3	0.1	0.2
Heroin	1.4	1.5	0.1	0.1	0.1	0.0
Hallucinogens[2]	10.1	10.5	0.2	0.2	0.0	0.0
LSD	7.8	7.8	0.1	0.1	*	0.0
PCP	3.1	3.1	0.0	*	0.0	*
Ecstasy	1.1	1.1	--	0.1	--	0.0
Inhalants	5.3[a]	5.9	0.2	0.1	0.1	0.0
Nonmedical Use of Any Psychotherapeutic[3]	13.5[a]	14.7	2.1[a]	2.6	1.0	1.3
Pain Relievers	6.9	7.5	1.5	1.8	0.7	0.9
Tranquilizers	5.8	5.9	0.7	1.0	0.3	0.4
Stimulants	6.7	7.2	0.4	0.4	0.2	0.2
Methamphetamine	4.2	4.5	0.2	0.3	0.1	0.1
Sedatives	4.2	4.4	0.2	0.3	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	21.1[b]	22.9	2.9[a]	3.4	1.4	1.7

*Low precision; no estimate reported.

-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.

[3] Nonmedical-use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (1.19B)

Table H.13 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug*, by *Detailed Age Categories*: 2000 and 2001

Age Category	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Total	38.9[b]	41.7	11.0[b]	12.6	6.3[b]	7.1
12	9.1	9.6	5.4	6.1	2.5	2.9
13	15.8	15.3	9.0	10.1	3.5[a]	4.6
14	21.8	23.5	14.7[a]	17.0	7.8	7.8
15	32.8	34.2	23.7	26.0	11.8[a]	14.0
16	38.9	40.7	28.3[a]	31.3	14.9	16.2
17	43.9	46.7	31.4[a]	34.3	18.1	19.5
18	48.7	51.3	33.7[a]	36.9	20.3	22.0
19	52.2[b]	56.9	33.9[b]	38.6	19.7[b]	24.0
20	54.0	55.9	32.2	34.9	18.8	21.4
21	54.4[a]	58.6	30.0[b]	35.1	17.8[a]	20.7
22	52.4[a]	56.9	26.6[b]	31.6	13.9[b]	18.0
23	50.3[b]	55.3	24.1	26.2	12.6	14.2
24	50.0[b]	55.5	21.8	24.4	11.9[a]	14.4
25	47.6[b]	54.6	17.4[b]	24.3	9.4[b]	13.7
26-29	50.1[b]	54.3	15.6[b]	19.9	8.8[a]	11.4
30-34	51.5	52.6	11.8	13.4	7.0	6.9
35-39	55.5[a]	59.8	9.9[a]	12.6	5.3[b]	7.5
40-44	58.1	59.4	10.4	10.9	6.5	6.0
45-49	49.9[b]	55.1	6.9[b]	9.2	4.8	5.3
50-54	35.5[b]	42.1	4.5	4.7	2.4	2.4
55-59	28.6	29.7	4.2	3.0	2.3	1.4
60-64	14.4	16.7	1.8	1.9	1.5	0.6
65 or Older	6.4	6.6	0.7	0.9	0.3	0.6

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (1.26B)

Table H.14 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Persons Aged 12 or Older*, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	38.9[b]	41.7	11.0[b]	12.6	6.3[b]	7.1
AGE						
12-17	26.9[a]	28.4	18.6[b]	20.8	9.7[b]	10.8
18-25	51.2[b]	55.6	27.9[b]	31.9	15.9[b]	18.8
26 or Older	38.5[b]	41.2	7.1[b]	8.2	4.2	4.5
GENDER						
Male	43.5[b]	46.1	12.9[b]	14.7	7.7[b]	8.7
Female	34.7[b]	37.6	9.2[b]	10.6	5.0[b]	5.5
HISPANIC ORIGIN AND RACE						
Not Hispanic	40.0[b]	42.9	11.1[b]	12.7	6.4[b]	7.1
White Only	41.5[b]	44.5	11.2[b]	12.9	6.4[b]	7.2
Black Only	35.5[a]	38.6	10.9	12.2	6.4	7.4
American Indian or Alaska Native Only	53.9	54.7	19.8	21.9	12.6	9.9
Native Hawaiian or Other Pacific Islander	*	*	*	11.6	6.2	7.5
Asian Only	18.9	20.9	5.2	6.2	2.7	2.8
More Than One Race	49.2	49.9	20.6	22.4	14.8	12.6
Hispanic	29.9	31.9	10.1[a]	11.9	5.3[a]	6.4

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.15 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Youths Aged 12 to 17*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	26.9[a]	28.4	18.6[b]	20.8	9.7[b]	10.8
GENDER						
Male	27.2[a]	28.7	18.4[b]	21.1	9.8[b]	11.4
Female	26.6	28.0	18.9[a]	20.5	9.5	10.2
HISPANIC ORIGIN AND RACE						
Not Hispanic	26.8[a]	28.4	18.7[b]	20.9	9.7[b]	11.0
White Only	27.6	28.9	19.7[b]	21.7	10.1[b]	11.3
Black Only	24.5	26.7	15.3[a]	17.9	8.4	9.1
American Indian or Alaska Native Only	*	*	*	*	*	22.1
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	17.3	19.2	11.6	13.4	5.8	8.0
More Than One Race	27.9	33.2	16.8	23.3	10.1	13.3
Hispanic	27.3	28.3	18.2	20.7	9.5	10.1
GENDER/RACE/HISPANIC ORIGIN						
Male - White	27.2[a]	29.2	19.1[b]	21.8	10.1[b]	11.9
Female - White	28.0	28.5	20.4	21.4	10.1	10.8
Male - Black	25.5	26.0	16.3	17.7	8.7	9.6
Female - Black	23.5[a]	27.5	14.2[a]	18.0	8.0	8.7
Male - Hispanic	28.9	29.9	18.6[a]	22.1	10.1	11.3
Female - Hispanic	25.6	26.6	17.7	19.2	8.8	8.8

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.16 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Persons Aged 18 to 25*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	51.2[b]	55.6	27.9[b]	31.9	15.9[b]	18.8
GENDER						
Male	54.7[b]	58.8	31.9[b]	36.5	19.0[b]	23.3
Female	47.8[b]	52.4	23.9[b]	27.3	12.7[b]	14.3
HISPANIC ORIGIN AND RACE						
Not Hispanic	53.3[b]	57.8	29.3[b]	33.5	16.8[b]	19.7
White Only	56.1[b]	60.5	30.7[b]	35.1	17.6[b]	20.8
Black Only	44.5[b]	49.4	24.7	28.0	14.5[a]	17.1
American Indian or Alaska Native Only	76.3	70.8	*	30.3	17.0	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	27.9	34.4	14.0[b]	21.9	7.2	10.6
More Than One Race	66.4	65.9	43.3	40.3	27.0	23.8
Hispanic	39.2[a]	43.2	20.2	22.9	10.8[a]	13.4
ADULT EDUCATION						
< High School	52.3[b]	56.7	30.3[b]	34.5	18.8[a]	21.6
High School Graduate	51.1[b]	54.9	27.0[b]	31.1	15.3[b]	18.4
Some College	52.2[b]	55.8	29.2[b]	32.8	16.6[a]	19.0
College Graduate	46.9[b]	55.0	23.0[a]	27.4	10.3[b]	14.8
CURRENT EMPLOYMENT[1]						
Full-Time	53.8[b]	57.7	27.2[b]	30.4	14.9[b]	17.6
Part-Time	50.0[b]	54.7	29.0[b]	34.6	16.6[b]	20.4
Unemployed	60.8	60.3	39.4	43.4	25.2	28.5
Other[2]	43.6[b]	49.4	25.9[a]	28.7	15.3	16.8

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.17 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Persons Aged 26 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	38.5[b]	41.2	7.1[b]	8.2	4.2	4.5
GENDER						
Male	43.9[b]	46.4	8.7[a]	9.9	5.4	5.7
Female	33.6[b]	36.4	5.6[a]	6.6	3.1	3.5
HISPANIC ORIGIN AND RACE						
Not Hispanic	39.6[b]	42.4	7.2[b]	8.3	4.3	4.6
White Only	41.0[b]	44.0	7.3[b]	8.5	4.3	4.7
Black Only	35.6	38.4	7.1	7.8	4.2	5.1
American Indian or Alaska Native Only	*	52.9	12.0	16.5	9.5	5.9
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	17.6	18.6	2.8	2.3	1.5	0.7
More Than One Race	51.3	50.9	*	*	*	9.0
Hispanic	28.0	29.6	5.8	7.2	3.0	3.8
ADULT EDUCATION						
< High School	24.0[a]	26.9	6.4[a]	8.1	3.7	4.7
High School Graduate	37.3[a]	39.5	7.0[a]	8.0	4.8	5.0
Some College	44.2[a]	47.1	7.3[b]	9.2	4.2	5.0
College Graduate	44.4	46.6	7.4	7.5	3.8	3.5
CURRENT EMPLOYMENT[1]						
Full-Time	47.8[b]	50.9	8.6[b]	9.9	4.9	5.3
Part-Time	38.2[a]	42.7	6.4	8.2	4.2	4.6
Unemployed	57.7	50.8	17.8	16.2	12.3	11.2
Other[2]	19.3	21.1	3.8	4.3	2.3	2.5

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (1.30B)

Table H.18 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Persons Aged 18 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	40.3[b]	43.3	10.1[b]	11.6	5.9[b]	6.6
GENDER						
Male	45.6[b]	48.3	12.2[b]	13.9	7.4[a]	8.3
Female	35.6[b]	38.7	8.1[b]	9.5	4.5[a]	5.0
HISPANIC ORIGIN AND RACE						
Not Hispanic	41.5[b]	44.6	10.2[b]	11.8	6.0[b]	6.7
White Only	42.9[b]	46.2	10.3[b]	12.0	6.1[b]	6.8
Black Only	37.1[a]	40.4	10.3	11.4	6.0	7.2
American Indian or Alaska Native Only	53.7	56.0	16.7	18.9	10.9	7.7
Native Hawaiian or Other Pacific Islander	*	*	*	10.7	6.0	7.5
Asian Only	19.1	21.0	4.4	5.3	2.3	2.2
More Than One Race	54.3	54.3	21.6	22.2	*	12.4
Hispanic	30.4	32.5	8.8	10.5	4.7	5.8
ADULT EDUCATION						
< High School	28.9[b]	32.0	10.5[b]	12.6	6.3[a]	7.6
High School Graduate	39.4[b]	41.9	10.1[b]	11.7	6.4	7.1
Some College	45.7[b]	48.8	11.4[b]	13.7	6.5[b]	7.7
College Graduate	44.6[a]	47.2	8.5	8.9	4.2	4.3
CURRENT EMPLOYMENT[1]						
Full-Time	48.6[b]	51.8	11.0[b]	12.5	6.3[a]	6.9
Part-Time	41.5[b]	46.1	12.8[b]	15.7	7.7[a]	9.1
Unemployed	58.8	54.0	25.4	25.4	16.9	17.1
Other[2]	21.8[a]	23.9	6.1	6.7	3.6	3.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.19 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Persons Aged 12 or Older*, by *Racial/Ethnic Subgroups*: Annual Averages Based on 2000 and 2001 NHSDAs**

Racial/Ethnic Subgroup	TIME PERIOD		
	Lifetime	Past Year	Past Month
TOTAL[1]	40.3	11.8	6.7
NOT HISPANIC[1]	41.5	11.9	6.8
White	43.0	12.1	6.8
Black	37.0	11.6	6.9
American Indian or Alaska Native	54.3	20.9	11.2
Native Hawaiian	*	*	*
Other Pacific Islander	*	10.1	5.1
Chinese	13.8	4.4	1.3
Filipino	22.8	4.3	2.2
Japanese	30.7	6.8	4.5
Asian Indian	11.5	5.2	2.2
Korean	27.7	8.4	5.0
Vietnamese	14.2	6.6	3.0
HISPANIC[1]	30.9	11.0	5.9
Mexican	31.3	11.2	5.8
Puerto Rican	40.3	14.6	9.2
Central or South American	26.4	8.5	3.6
Cuban	18.2	7.7	3.7

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] Totals include data from respondents reporting racial/ethnic subgroups not shown, as well as respondents reporting more than one subgroup.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (1.71B)

Table H.20 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Any Illicit Drug* among *Persons Aged 12 or Older*, by *Geographic Characteristics*: 2000 and 2001

Geographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	38.9[b]	41.7	11.0[b]	12.6	6.3[b]	7.1
GEOGRAPHIC DIVISION						
Northeast	38.8[b]	42.4	11.6[a]	13.0	6.6	7.5
New England	47.8	49.7	16.2	16.2	10.0	9.2
Middle Atlantic	35.6[b]	39.8	9.9[b]	11.9	5.4[b]	6.9
Midwest	38.4[b]	41.6	10.1[b]	12.1	5.7[b]	6.8
East North Central	39.8[a]	42.3	10.8[a]	12.1	6.3	6.9
West North Central	35.1[b]	40.1	8.5[b]	12.0	4.1[b]	6.7
South	36.7[a]	38.9	10.0[b]	11.5	5.5[a]	6.2
South Atlantic	38.2	40.4	10.7	11.5	5.8	6.4
East South Central	35.8	37.3	9.8	11.0	5.6	5.7
West South Central	34.7	37.2	8.8[b]	11.7	4.9[a]	6.2
West	43.3[a]	45.7	13.1[a]	14.6	8.0	8.3
Mountain	43.8	45.4	12.9	13.2	7.2	7.2
Pacific	43.1	45.9	13.1[a]	15.1	8.3	8.7
COUNTY TYPE						
Large Metro	40.3[b]	43.3	11.4[b]	13.0	6.5[b]	7.6
Small Metro	40.1[a]	42.3	11.7[b]	13.1	6.7	7.1
250K - 1 Mil. Pop.	40.5[a]	43.0	11.5[b]	13.1	6.4	7.0
<250K Pop.	39.1	40.0	12.1	12.9	7.4	7.4
Nonmetro	33.9[b]	37.2	9.0[b]	10.9	5.1	5.8
Urbanized	38.7	39.8	10.8[a]	13.1	6.8	7.0
Less Urbanized	32.4[b]	36.4	8.4[b]	10.1	4.5[a]	5.5
Completely Rural	29.6	34.9	7.5	9.8	3.9	4.8

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.21 Estimated *Numbers* (in Thousands) of Lifetime, Past Year, and Past Month Users of *Tobacco and Alcohol* among *Persons Aged 12 or Older*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Tobacco[1]	157,518	161,028	78,162	78,627	65,489	66,476
Cigarettes	148,377	151,638	65,009	65,577	55,667	56,288
Smokeless Tobacco	41,412	43,056	9,988	9,809	7,582	7,309
Cigars	76,377[a]	79,932	23,355	23,846	10,712[b]	12,103
Pipes[2]	36,726	38,373	--	--	2,131	2,349
Alcohol	180,781	184,402	138,179[b]	143,638	104,092[b]	109,029
Binge Alcohol Use[3]	--	--	--	--	46,049	46,365
Heavy Alcohol Use[3]	--	--	--	--	12,554	12,944

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.1B)

Table H.22 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Tobacco and Alcohol* among *Persons Aged 12 or Older*: 2000 and 2001**

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	**2000**	**2001**	**2000**	**2001**	**2000**	**2001**
Any Tobacco[1]	70.5	71.4	35.0	34.8	29.3	29.5
Cigarettes	66.5	67.2	29.1	29.1	24.9	24.9
Smokeless Tobacco	18.5	19.1	4.5	4.3	3.4	3.2
Cigars	34.2[a]	35.4	10.5	10.6	4.8[b]	5.4
Pipes[2]	16.4	17.0	--	--	1.0	1.0
Alcohol	81.0[a]	81.7	61.9[b]	63.7	46.6[b]	48.3
Binge Alcohol Use[3]	--	--	--	--	20.6	20.5
Heavy Alcohol Use[3]	--	--	--	--	5.6	5.7

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.23 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Tobacco and Alcohol* among *Youths Aged 12 to 17*: 2000 and 2001

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Any Tobacco[1]	38.0	37.0	24.3	23.5	15.6	15.1
Cigarettes	34.6	33.6	20.8	20.0	13.4	13.0
Smokeless Tobacco	8.6	8.3	4.4	4.4	2.1	2.1
Cigars	17.1	16.4	10.3	9.9	4.5	4.3
Pipes[2]	2.9	2.9	--	--	0.8	0.7
Alcohol	41.7	42.9	33.0	33.9	16.4[a]	17.3
Binge Alcohol Use[3]	--	--	--	--	10.4	10.6
Heavy Alcohol Use[3]	--	--	--	--	2.6	2.5

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.3B)

Table H.24 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Tobacco and Alcohol* among *Persons Aged 18 to 25*: 2000 and 2001

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Any Tobacco[1]	72.1[a]	73.6	52.2	53.1	42.9	43.9
Cigarettes	67.3[b]	69.0	45.8	46.8	38.3	39.1
Smokeless Tobacco	23.6	23.7	8.0	8.5	5.0	5.4
Cigars	42.3[a]	43.8	21.9	21.5	10.4	10.4
Pipes[2]	8.2	8.6	--	--	1.2	1.3
Alcohol	84.0	85.0	74.5	75.4	56.8[b]	58.8
Binge Alcohol Use[3]	--	--	--	--	37.8	38.7
Heavy Alcohol Use[3]	--	--	--	--	12.8	13.6

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.4B)

Table H.25 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Tobacco and Alcohol* among *Persons Aged 26 or Older*: 2000 and 2001

	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Drug	2000	2001	2000	2001	2000	2001
Any Tobacco[1]	74.7	75.7	33.6	33.3	28.9	29.0
Cigarettes	70.7	71.5	27.4	27.3	24.2	24.2
Smokeless Tobacco	19.1	19.8	3.9	3.6	3.3	3.0
Cigars	35.2[a]	36.6	8.6	8.8	3.9[b]	4.7
Pipes[2]	19.7	20.4	--	--	0.9	1.0
Alcohol	85.8	86.5	63.7[b]	65.7	49.0[b]	50.8
Binge Alcohol Use[3]	--	--	--	--	19.1	18.8
Heavy Alcohol Use[3]	--	--	--	--	4.8	4.8

*Low precision; no estimate reported.
-- Not available.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.20B)

Table H.26 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes*, by *Detailed Age Categories*: 2000 and 2001

Age Category	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
Total	66.5	67.2	29.1	29.1	24.9	24.9
12	10.3	10.0	4.5	4.9	1.8	1.7
13	18.7	17.6	9.5	9.3	4.9	4.5
14	29.5	29.3	16.8	16.3	8.7	8.0
15	43.9[b]	40.1	25.6[a]	23.3	15.5	14.8
16	50.5	49.3	32.0	30.7	22.2	21.6
17	55.6	54.9	37.5	35.7	28.4	27.4
18	62.4	61.2	44.2	44.9	36.0	36.3
19	66.6	67.7	49.0	49.3	40.2	40.9
20	68.8	69.8	49.5	49.8	41.4	41.9
21	69.4[a]	73.1	49.3	50.9	40.4	43.5
22	69.2	71.4	46.9	47.7	39.8	39.6
23	69.0	70.5	44.9	45.5	38.3	39.0
24	67.8	70.3	43.6	44.1	37.1	37.0
25	66.5[a]	70.0	38.2[a]	41.7	32.7	34.6
26-29	68.9	70.8	38.2	38.3	31.9	32.6
30-34	69.8	69.7	32.6	34.2	28.0	29.0
35-39	71.3	73.0	33.0	34.5	29.7	30.9
40-44	74.0	74.2	31.7	33.6	28.3	29.9
45-49	73.0	74.9	29.5	30.7	26.6	28.2
50-54	74.8	74.7	31.7[b]	25.3	29.2[b]	23.0
55-59	75.1	74.4	26.6	25.5	22.6	23.6
60-64	71.5	74.3	21.3	19.5	19.1	18.3
65 or Older	62.9	63.4	10.9	11.0	9.8	9.1

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.30B)

Table H.27 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Persons Aged 12 or Older*, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	66.5	67.2	29.1	29.1	24.9	24.9
AGE						
12-17	34.6	33.6	20.8	20.0	13.4	13.0
18-25	67.3[b]	69.0	45.8	46.8	38.3	39.1
26 or Older	70.7	71.5	27.4	27.3	24.2	24.2
GENDER						
Male	71.9	72.3	31.6	31.6	26.9	27.1
Female	61.4	62.5	26.8	26.7	23.1	23.0
HISPANIC ORIGIN AND RACE						
Not Hispanic	67.9	68.8	29.5	29.5	25.4	25.4
White Only	71.4	72.3	30.2	30.3	25.9	26.1
Black Only	54.9	56.2	26.7	27.5	23.3	23.9
American Indian or Alaska Native Only	72.8	72.2	45.7	42.4	42.3	38.0
Native Hawaiian or Other Pacific Islander	*	53.9	*	30.2	*	27.7
Asian Only	38.8	39.3	18.8	16.1	16.5	12.9
More Than One Race	62.3	68.4	36.1	35.6	32.3	31.1
Hispanic	54.0	53.9	26.1	25.6	20.7	20.9

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.31B)

Table H.28 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Youths Aged 12 to 17*, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	34.6	33.6	20.8	20.0	13.4	13.0
GENDER						
Male	34.5	33.3	20.0	19.4	12.8	12.4
Female	34.8	33.9	21.8	20.7	14.1	13.6
HISPANIC ORIGIN AND RACE						
Not Hispanic	35.2	34.0	21.2	20.4	14.0	13.4
White Only	38.1[a]	36.3	23.6	22.6	16.0	15.0
Black Only	24.4	24.3	11.6	11.4	6.1	6.5
American Indian or Alaska Native Only	*	61.1	36.8	38.6	27.5	29.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	23.6	23.4	13.9	11.4	8.4	7.3
More Than One Race	33.7	36.5	20.3	22.5	10.2	15.8
Hispanic	31.2	31.2	18.7	17.8	10.2	10.2
GENDER/RACE/HISPANIC ORIGIN						
Male - White	37.3	35.5	22.0	21.5	14.7	13.7
Female - White	38.9	37.2	25.3	23.9	17.3	16.4
Male - Black	25.3	24.8	13.0	10.8	7.4	7.0
Female - Black	23.4	23.7	10.2	12.0	4.9	6.0
Male - Hispanic	32.7	33.3	19.3	18.8	10.6	11.4
Female - Hispanic	29.6	28.9	18.1	16.8	9.9	9.1

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.29 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Persons Aged 18 to 25*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	67.3[b]	69.0	45.8	46.8	38.3	39.1
GENDER						
Male	70.2	71.9	49.3	50.3	41.6	42.7
Female	64.5[a]	66.2	42.4	43.4	35.0	35.7
HISPANIC ORIGIN AND RACE						
Not Hispanic	69.0[a]	70.4	47.8	48.4	40.4	40.7
White Only	74.1	74.9	51.9	52.5	43.9	44.3
Black Only	50.2	52.8	31.5	30.8	25.9	25.2
American Indian or Alaska Native Only	82.3	*	*	*	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	41.9[b]	52.0	27.4[a]	34.9	22.0	27.8
More Than One Race	78.9	78.0	61.9	56.0	54.9	46.4
Hispanic	57.6[a]	61.1	34.5[a]	38.0	26.5[a]	30.4
ADULT EDUCATION						
< High School	68.9	70.6	51.9	54.1	45.0	47.8
High School Graduate	68.3	68.7	47.8	48.5	40.9	41.1
Some College	66.3	68.4	43.8	44.1	35.3	35.8
College Graduate	64.4[b]	69.0	34.6	37.3	26.2	28.2
CURRENT EMPLOYMENT[1]						
Full-Time	71.6[a]	73.2	49.3	49.6	41.8	42.1
Part-Time	63.6	65.3	42.1	43.8	33.4[a]	36.1
Unemployed	74.4	72.2	59.5	55.2	53.0[a]	47.3
Other[2]	58.7[a]	61.7	37.9[a]	40.8	31.2	32.7

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.33B)

Table H.30 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Persons Aged 26 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	70.7	71.5	27.4	27.3	24.2	24.2
GENDER						
Male	77.7	78.2	30.1	30.0	26.4	26.4
Female	64.3	65.5	25.0	24.8	22.3	22.1
HISPANIC ORIGIN AND RACE						
Not Hispanic	72.0	73.1	27.6	27.6	24.6	24.5
White Only	75.0	76.2	27.7	27.9	24.5	24.7
Black Only	61.6	62.9	28.4	29.8	25.9	26.8
American Indian or Alaska Native Only	*	73.2	*	39.6	*	36.9
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	40.4	39.2	18.0	13.3	16.8[a]	11.0
More Than One Race	66.8	76.3	34.4	34.0	33.3	31.7
Hispanic	57.6	56.7	25.3	23.9	21.2	20.5
ADULT EDUCATION						
< High School	66.2	65.0	33.0	33.7	29.8	30.9
High School Graduate	71.6	72.6	32.1	33.2	29.3	30.4
Some College	74.3	75.9	29.5	28.1	25.9	24.6
College Graduate	69.3	70.3	16.3	15.9	13.0	12.8
CURRENT EMPLOYMENT[1]						
Full-Time	73.2	74.1	30.5	30.1	26.9	26.6
Part-Time	70.1	72.6	25.6	24.5	23.1	21.9
Unemployed	80.1[a]	70.4	51.1[a]	41.8	45.6	37.2
Other[2]	65.3	66.2	20.7	21.7	18.4	19.3

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20621 (2.34B)

Table H.31 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Persons Aged 18 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	70.2	71.1	30.1	30.1	26.3	26.3
GENDER						
Male	76.6	77.2	33.0	33.1	28.7	28.9
Female	64.3	65.6	27.4	27.4	24.0	24.0
HISPANIC ORIGIN AND RACE						
Not Hispanic	71.6[a]	72.7	30.4	30.5	26.7	26.8
White Only	74.9[a]	76.0	30.9	31.1	27.0	27.3
Black Only	59.5	61.1	29.0	30.0	25.9	26.5
American Indian or Alaska Native Only	*	74.2	47.0	43.0	44.5	39.6
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	40.7	41.2	19.4	16.6	17.5	13.5
More Than One Race	69.2	76.7	39.9	39.0	37.6	35.1
Hispanic	57.6	57.6	27.3	26.9	22.3	22.6
ADULT EDUCATION						
< High School	66.6	66.0	36.2	37.2	32.4	33.8
High School Graduate	71.1	72.0	34.5	35.7	31.1	32.1
Some College	72.8	74.5	32.2	31.1	27.7	26.7
College Graduate	69.0	70.3	17.5	17.4	13.9	13.8
CURRENT EMPLOYMENT[1]						
Full-Time	73.0	74.0	33.0	32.6	28.8	28.6
Part-Time	68.3	70.5	30.2	30.0	26.0	25.9
Unemployed	78.0[b]	71.0	54.1[a]	46.3	48.2[a]	40.6
Other[2]	64.6	65.7	22.4	23.6	19.7	20.7

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table H.32 **Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Persons Aged 12 or Older*, by *Racial/Ethnic Subgroups*: Annual Averages Based on 2000 and 2001 NHSDAs**

	TIME PERIOD		
Racial/Ethnic Subgroup	**Lifetime**	**Past Year**	**Past Month**
TOTAL[1]	66.8	29.1	24.9
NOT HISPANIC[1]	68.4	29.5	25.4
White	71.8	30.2	26.0
Black	55.6	27.1	23.6
American Indian or Alaska Native	72.5	44.0	40.1
Native Hawaiian	*	*	*
Other Pacific Islander	52.9	*	*
Chinese	32.9	11.4	10.2
Filipino	33.9	16.7	13.1
Japanese	54.6	19.2	17.7
Asian Indian	33.2	14.0	11.9
Korean	55.2	25.0	21.0
Vietnamese	41.6	26.5	23.8
HISPANIC[1]	54.0	25.8	20.8
Mexican	53.6	25.6	20.1
Puerto Rican	59.3	31.4	26.9
Central or South American	54.1	24.7	20.4
Cuban	52.4	22.7	19.2

*Low precision; no estimate reported.

[1] Totals include data from respondents reporting racial/ethnic subgroups not shown, as well as respondents reporting more than one subgroup.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.33 Percentages Reporting Lifetime, Past Year, and Past Month Use of *Cigarettes* among *Persons Aged 12 or Older*, by *Geographic Characteristics*: 2000 and 2001

Geographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2000	2001	2000	2001	2000	2001
TOTAL	66.5	67.2	29.1	29.1	24.9	24.9
GEOGRAPHIC DIVISION						
Northeast	66.3	67.2	27.9	28.6	23.8	24.1
New England	71.2	71.1	28.7	29.5	24.6	24.0
Middle Atlantic	64.5	65.8	27.6	28.2	23.5	24.2
Midwest	68.6	69.6	30.7	31.2	26.4	27.0
East North Central	68.2	69.5	30.7	32.0	26.3	27.8
West North Central	69.6	69.8	30.7	29.2	26.7	25.2
South	66.7	67.8	29.9	30.0	25.6	25.9
South Atlantic	66.6	67.4	30.1	28.5	25.7	24.6
East South Central	67.4[a]	71.4	30.6	33.6	26.9	29.4
West South Central	66.3	66.4	29.3	30.6	24.8	26.0
West	64.0	63.8	27.2	25.8	23.3	22.1
Mountain	67.5	64.9	27.5	27.1	23.7	23.3
Pacific	62.6	63.3	27.1	25.2	23.1	21.6
COUNTY TYPE						
Large Metro	64.0	64.6	27.6	27.0	23.5	22.9
Small Metro	68.5	69.4	30.1	30.6	25.8	26.5
250K - 1 Mil. Pop.	68.8	69.3	30.0	30.6	26.0	26.6
<250K Pop.	67.9	69.7	30.5	30.6	25.3	26.2
Nonmetro	69.2	70.1	31.3	31.5	26.9	27.3
Urbanized	71.1	71.1	31.3	31.4	26.5	26.8
Less Urbanized	68.6	69.3	31.3	31.5	27.0	27.2
Completely Rural	67.4[a]	72.2	31.2	31.9	27.4	28.5

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.34 Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use, by *Detailed Age Categories*: 2000 and 2001

Age Category	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
Total	46.6[b]	48.3	20.6	20.5	5.6	5.7
12	2.4	2.6	1.0	0.9	0.1	0.1
13	6.7	6.1	3.0	2.7	0.3	0.2
14	11.1	11.7	6.0	5.9	1.0	1.1
15	20.4	21.5	12.6	12.4	2.5	2.2
16	26.4	27.4	17.9	17.6	4.9	4.3
17	32.1	34.4	22.9	24.2	7.3	7.2
18	42.1	44.0	30.9	31.9	10.3	10.9
19	50.0	53.2	34.8	37.6	13.6	13.6
20	55.6	55.7	38.5	38.2	14.2	14.5
21	65.2	67.5	45.2	48.2	16.7	17.8
22	64.1	66.1	41.7	42.7	13.8	15.3
23	62.6	64.8	39.8	38.8	14.1	13.5
24	61.2	61.5	38.3	38.3	10.4	11.8
25	59.0	61.0	35.1	35.1	9.8	11.6
26-29	59.2	61.4	33.3	34.2	8.9	9.2
30-34	57.6	58.8	28.0	27.2	6.6	6.8
35-39	56.0	58.7	25.0	25.7	6.2	6.1
40-44	53.9	54.4	21.9	21.5	5.4	6.0
45-49	50.8[a]	55.2	18.6	19.1	4.8	5.4
50-54	50.8	53.1	18.4	17.0	4.9	4.2
55-59	45.8	45.8	15.8	14.3	4.8	3.4
60-64	43.2	45.6	11.3	11.6	1.6	2.9
65 or Older	32.0	33.0	6.1	5.8	1.5	1.4

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.35 Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Persons Aged 12 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	46.6[b]	48.3	20.6	20.5	5.6	5.7
AGE						
12-17	16.4[a]	17.3	10.4	10.6	2.6	2.5
18-25	56.8[b]	58.8	37.8	38.7	12.8	13.6
26 or Older	49.0[b]	50.8	19.1	18.8	4.8	4.8
GENDER						
Male	53.6	54.8	28.3	28.2	8.7	9.2
Female	40.2[b]	42.3	13.5	13.4	2.7	2.6
HISPANIC ORIGIN AND RACE						
Not Hispanic	47.4[b]	49.4	20.4	20.5	5.8	5.9
White Only	50.7[b]	52.7	21.2	21.5	6.2	6.4
Black Only	33.7	35.1	17.7	16.8	4.0	4.1
American Indian or Alaska Native Only	35.1	35.0	26.2	21.8	7.2	7.1
Native Hawaiian or Other Pacific Islander	*	*	*	17.0	*	4.0
Asian Only	28.0	31.9	11.6	10.1	1.4	1.5
More Than One Race	41.6	43.2	17.5	19.4	5.2	6.7
Hispanic	39.8	39.5	22.7	21.3	4.4	4.4

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table H.36 **Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Youths Aged 12 to 17*, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	16.4[a]	17.3	10.4	10.6	2.6	2.5
GENDER						
Male	16.2	17.2	11.2	11.2	3.2	3.1
Female	16.5	17.3	9.6	9.9	2.0	1.9
HISPANIC ORIGIN AND RACE						
Not Hispanic	16.3[b]	17.6	10.3	10.7	2.6	2.6
White Only	18.4	19.5	11.9	12.1	3.1	3.0
Black Only	8.8[a]	10.6	4.4	5.5	0.8	0.7
American Indian or Alaska Native Only	19.0	22.1	12.8	*	2.9	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	7.1[a]	11.5	4.0	4.6	0.9	1.3
More Than One Race	16.7	16.5	11.4	9.1	3.0	2.4
Hispanic	16.8	15.1	11.0	9.8	2.7	2.1
GENDER/RACE/HISPANIC ORIGIN						
Male - White	18.2	19.3	12.9	12.7	3.7	3.6
Female - White	18.6	19.7	10.9	11.5	2.5	2.4
Male - Black	8.3	10.1	4.6	5.1	1.2	1.0
Female - Black	9.4	11.2	4.2	5.9	0.4	0.5
Male - Hispanic	16.8	16.0	11.5	11.2	3.4	2.6
Female - Hispanic	16.8	14.1	10.4	8.2	1.9	1.6

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table H.37 **Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Persons Aged 18 to 25*, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	56.8[b]	58.8	37.8	38.7	12.8	13.6
GENDER						
Male	62.5[a]	64.7	47.2	48.5	18.4	19.6
Female	51.3	53.0	28.6	29.2	7.4	7.7
HISPANIC ORIGIN AND RACE						
Not Hispanic	59.0[a]	60.6	38.9	39.6	13.8	14.6
White Only	63.3	64.4	43.0	43.7	16.1	17.1
Black Only	43.9	46.5	24.5	24.3	5.6	5.3
American Indian or Alaska Native Only	*	*	33.0	29.6	10.1	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	39.4[a]	47.9	18.8[a]	25.0	3.5	5.4
More Than One Race	59.1	59.1	38.6	38.4	13.5	13.8
Hispanic	44.7[a]	48.7	31.9	34.0	7.5	8.3
ADULT EDUCATION						
< High School	44.3	46.0	33.5	34.7	10.1	10.4
High School Graduate	52.2[a]	54.4	36.0	36.7	12.0	12.4
Some College	64.0	64.4	41.8	41.8	15.4	16.1
College Graduate	74.4	77.4	40.8	43.3	13.5	16.0
CURRENT EMPLOYMENT[1]						
Full-Time	62.0[a]	63.8	41.1	42.1	13.5	14.0
Part-Time	56.0	58.6	37.1	38.0	13.1	14.3
Unemployed	53.7	58.2	40.1	43.7	13.6	16.6
Other[2]	45.1	46.1	29.6	29.4	10.7	10.7

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table H.38 Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Persons Aged 26 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	49.0[b]	50.8	19.1	18.8	4.8	4.8
GENDER						
Male	57.5	58.6	27.5	27.1	7.8	8.2
Female	41.4[b]	43.7	11.5	11.3	2.1	1.8
HISPANIC ORIGIN AND RACE						
Not Hispanic	49.6[b]	51.7	18.7	18.6	4.9	4.9
White Only	52.7[b]	54.9	19.1	19.3	5.2	5.2
Black Only	36.0	37.2	18.7	17.3	4.2	4.5
American Indian or Alaska Native Only	*	36.5	*	21.1	7.4	7.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	29.0	31.8	11.4	8.1	1.1	0.8
More Than One Race	44.7	47.5	14.0	17.3	3.8	6.1
Hispanic	43.3	42.1	22.6	20.3	4.0	3.9
ADULT EDUCATION						
< High School	31.7	30.8	18.6	17.9	5.0	5.4
High School Graduate	44.4[a]	46.8	20.7	20.7	5.7	5.3
Some College	53.0	54.2	19.8	19.7	4.5	5.2
College Graduate	62.3	64.3	16.9	16.4	3.9	3.7
CURRENT EMPLOYMENT[1]						
Full-Time	56.6[a]	58.6	24.4	23.9	6.1	6.2
Part-Time	49.3	52.1	13.8	14.7	3.5	2.9
Unemployed	52.0	49.7	31.2[a]	23.3	7.5	7.2
Other[2]	33.8	35.2	9.8	10.1	2.5	2.6

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.39 Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Persons Aged 18 or Older*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	50.2[b]	51.9	21.8	21.7	6.0	6.1
GENDER						
Male	58.3	59.5	30.5	30.4	9.4	9.9
Female	42.7[b]	45.0	13.9	13.8	2.8	2.6
HISPANIC ORIGIN AND RACE						
Not Hispanic	50.9[b]	52.9	21.5	21.5	6.1	6.3
White Only	54.0[b]	56.1	22.2	22.5	6.6	6.7
Black Only	37.4	38.8	19.7	18.5	4.5	4.6
American Indian or Alaska Native Only	37.6	37.3	28.3	22.6	7.9	7.4
Native Hawaiian or Other Pacific Islander	*	*	*	17.6	*	4.2
Asian Only	30.6	34.3	12.5	10.7	1.4	1.5
More Than One Race	47.6	50.1	18.9	22.1	5.7	7.8
Hispanic	43.6	43.5	24.6	23.2	4.7	4.8
ADULT EDUCATION						
< High School	33.9	33.4	21.1	20.7	5.9	6.2
High School Graduate	45.6[a]	48.0	23.0	23.3	6.7	6.4
Some College	55.1	56.2	23.9	23.9	6.6	7.3
College Graduate	63.2	65.2	18.6	18.3	4.5	4.6
CURRENT EMPLOYMENT[1]						
Full-Time	57.3[b]	59.3	26.6	26.2	7.1	7.2
Part-Time	51.2	54.0	20.3	21.3	6.2	6.1
Unemployed	52.6	52.5	34.3	30.2	9.6	10.4
Other[2]	35.0	36.2	11.8	12.0	3.4	3.4

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table H.40 Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Persons Aged 12 to 20*, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	27.5	28.5	18.7	19.0	6.0	6.0
GENDER						
Male	28.6	29.8	21.3	22.0	7.9	8.0
Female	26.4	27.2	15.9	15.9	4.1	3.9
HISPANIC ORIGIN AND RACE						
Not Hispanic	27.9	29.0	18.9	19.3	6.3	6.3
White Only	30.7	31.6	21.4	21.7	7.5	7.5
Black Only	18.6	19.8	10.3	10.5	2.1	1.6
American Indian or Alaska Native Only	29.3	22.9	20.3	18.5	4.4	5.2
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	2.3
Asian Only	13.5[a]	19.7	7.9	10.7	1.5	2.7
More Than One Race	25.5	26.7	17.3	16.2	5.8	5.8
Hispanic	24.8	25.3	17.2	17.7	4.4	4.3
GENDER/RACE/HISPANIC ORIGIN						
Male - White	31.6	32.8	24.1	24.7	9.7	9.9
Female - White	29.8	30.4	18.5	18.6	5.1	5.1
Male - Black	19.6	20.2	11.9	12.0	3.2	2.4
Female - Black	17.6	19.5	8.7	8.9	1.0	0.7
Male - Hispanic	26.4	28.2	20.1	21.9	6.0	5.9
Female - Hispanic	23.1	22.3	14.0	13.0	2.8	2.5

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.41 **Percentages Reporting Past Month *Alcohol* Use, Past Month Binge Alcohol Use, and Past Month Heavy Alcohol Use among *Persons Aged 12 or Older*, by Geographic Characteristics: 2000 and 2001**

Geographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2000	2001	2000	2001	2000	2001
TOTAL	46.6^b	48.3	20.6	20.5	5.6	5.7
GEOGRAPHIC DIVISION						
Northeast	52.4	52.9	22.2	21.5	5.7	5.9
New England	59.3	59.5	24.9	23.8	6.9	5.6
Middle Atlantic	49.9	50.6	21.2	20.7	5.2	6.0
Midwest	49.7^b	52.1	22.1	23.4	6.5	6.4
East North Central	49.4	51.2	22.8	23.5	6.6	6.4
West North Central	50.2^b	54.3	20.6	23.2	6.4	6.4
South	40.9^a	42.9	18.9	19.0	5.3	5.7
South Atlantic	43.2	45.4	18.8	18.2	5.2	5.4
East South Central	33.7	34.5	16.8	16.7	4.5	4.7
West South Central	41.3	43.4	20.4	21.7	6.0	6.8
West	47.6	49.0	20.5	19.2	5.2	5.0
Mountain	50.3	49.0	22.1	20.6	6.3	6.3
Pacific	46.5	49.0	19.8	18.6	4.7	4.5
COUNTY TYPE						
Large Metro	50.1	50.7	21.2	20.5	5.2	5.4
Small Metro	45.5^b	48.9	21.2	21.1	6.6	6.2
250K - 1 Mil. Pop.	45.4^b	48.6	21.1	20.7	6.1	6.0
<250K Pop.	46.1^a	49.6	21.6	22.5	8.0	6.7
Nonmetro	39.8^a	41.9	18.3	19.8	5.3	5.9
Urbanized	46.8	45.4	19.8	21.9	5.3^a	7.0
Less Urbanized	37.2^a	40.4	17.7	18.8	5.0	5.3
Completely Rural	35.6	41.3	17.5	19.4	6.9	5.9

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.42 **Estimated Numbers (in Thousands) of Persons Who First Used *Marijuana* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	585	194	308	19.7	8.5	14.2
1966	944	308	555	19.2	13.5	24.1
1967	1,358	483	792	19.2	21.0	33.5
1968	1,850	560	1,145	19.3	24.0	47.9
1969	2,290	854	1,245	18.9	36.3	52.8
1970	2,477	1,075	1,133	18.6	45.5	48.6
1971	2,807	1,150	1,329	18.7	48.7	57.9
1972	2,746	1,316	1,146	18.7	55.9	51.1
1973	3,006	1,521	1,108	18.4	64.9	51.7
1974	2,949	1,557	1,036	18.1	67.5	50.2
1975	2,847	1,538	965	18.4	67.1	47.9
1976	3,208	1,689	1,156	18.5	74.6	58.8
1977	3,135	1,812	1,014	17.9	82.1	52.9
1978	2,972	1,688	932	18.2	79.3	49.7
1979	2,850	1,659	859	18.4	80.8	46.4
1980	2,639	1,471	796	19.1	74.0	43.6
1981	1,996	1,084	633	18.5	55.1	35.0
1982	2,080	1,150	670	18.6	58.5	37.4
1983	1,885	1,093	569	18.1	55.4	31.9
1984	2,024	1,178	619	18.2	60.4	34.9
1985	1,860	1,103	610	17.8	57.3	34.6
1986	1,824	1,057	619	18.0	56.2	35.2
1987	1,599	929	553	18.0	50.3	31.6
1988	1,589	915	570	17.7	50.6	32.4
1989	1,458	822	520	17.5	46.0	29.3
1990	1,448	789	508	18.4	43.7	28.9
1991	1,483	788	551	18.0	43.0	31.4
1992	1,648	957	590	16.9	51.0	33.8
1993	1,924	1,160	598	17.1	60.5	34.5
1994	2,220	1,390	692	16.9	71.7	40.5
1995	2,439	1,539	766	16.6	79.4	46.0
1996	2,531	1,622	734	17.0	84.3	45.3
1997	2,469	1,628	704	16.9	84.8	44.8
1998	2,512	1,613	725	17.4	84.0	47.4
1999[2]	2,322	1,577	602	16.9	82.0	39.5
2000[3]	2,440	1,622	621	17.5	84.0	42.5

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.2A)

Table H.43 Estimated Numbers (in Thousands) of Persons Who First Used *Cocaine* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs

	NUMBER OF INITIATES (1,000s)				AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25	MEAN AGE	12-17	18-25
1965	18	*	*	*	*	*
1966	37	*	24	21.0	*	1.0
1967	81	29	49	17.2	1.2	1.9
1968	173	28	120	20.4	1.1	4.5
1969	216	37	154	19.5	1.5	5.6
1970	258	34	189	21.0	1.3	6.6
1971	358	90	233	20.8	3.5	7.9
1972	457	93	337	19.7	3.6	11.2
1973	401	123	260	19.6	4.7	8.6
1974	582	119	386	21.4	4.5	12.8
1975	776	171	497	21.4	6.4	16.3
1976	817	176	512	21.0	6.7	16.6
1977	988	239	600	20.9	9.2	19.4
1978	1,054	243	635	21.3	9.6	20.5
1979	1,196	222	731	21.6	9.0	23.5
1980	1,280	284	733	21.7	11.9	23.5
1981	1,185	204	762	21.8	8.8	24.5
1982	1,213	198	747	22.5	8.7	24.3
1983	1,484	236	892	22.6	10.5	29.6
1984	1,226	228	745	22.1	10.3	25.3
1985	1,222	231	733	22.1	10.5	25.6
1986	1,042	230	576	22.8	10.7	20.5
1987	1,053	211	610	22.4	10.1	22.2
1988	837	162	508	22.2	8.0	18.6
1989	722	157	376	22.9	7.9	13.9
1990	703	111	384	22.9	5.6	14.4
1991	561	90	299	23.8	4.5	11.4
1992	539	109	289	22.9	5.3	11.1
1993	571	132	312	22.4	6.1	12.1
1994	583	157	288	22.3	7.1	11.3
1995	648	194	348	21.1	8.6	13.7
1996	693	241	358	20.6	10.5	14.3
1997	785	270	433	19.8	11.6	17.5
1998	841	308	439	20.1	13.2	17.7
1999[2]	851	289	462	20.1	12.3	18.5
2000[3]	926	314	503	20.0	13.3	20.1

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.4A)

Table H.44 **Estimated Numbers (in Thousands) of Persons Who First Used *Heroin* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

	NUMBER OF INITIATES (1,000s)				AGE-SPECIFIC RATES[1]	
YEAR	**All Ages**	**12-17**	**18-25**	**MEAN AGE**	**12-17**	**18-25**
1965	*	*	*	*	*	*
1966	24	*	*	14.8	*	*
1967	49	42	7	16.1	1.8	0.3
1968	48	*	*	16.9	*	*
1969	84	16	65	19.3	0.7	2.3
1970	98	45	49	18.4	1.8	1.7
1971	102	22	80	19.3	0.8	2.7
1972	78	19	51	20.0	0.7	1.6
1973	97	20	64	20.7	0.8	2.1
1974	99	*	78	20.7	*	2.5
1975	128	*	102	22.4	*	3.2
1976	120	33	61	20.9	1.2	1.9
1977	136	*	105	23.0	*	3.2
1978	63	*	38	21.0	*	1.1
1979	112	*	68	24.0	*	2.0
1980	49	*	11	26.6	*	0.3
1981	57	*	34	22.8	*	1.0
1982	85	14	37	26.5	0.6	1.0
1983	33	7	14	23.4	0.3	0.4
1984	53	12	25	22.4	0.5	0.7
1985	87	*	24	28.7	*	0.7
1986	63	*	42	23.7	*	1.3
1987	49	*	23	22.9	*	0.7
1988	65	10	40	21.6	0.5	1.3
1989	55	6	19	24.0	0.3	0.6
1990	61	5	32	24.7	0.3	1.1
1991	63	10	27	22.9	0.5	0.9
1992	69	16	29	23.4	0.8	1.0
1993	77	12	36	24.7	0.6	1.3
1994	110	28	34	24.3	1.3	1.2
1995	89	26	49	20.3	1.1	1.8
1996	116	38	59	20.7	1.6	2.1
1997	146	36	55	23.4	1.5	2.0
1998	135	42	52	22.4	1.8	1.9
1999[2]	136	32	56	24.5	1.4	2.0
2000[3]	146	40	61	22.3	1.7	2.2

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.5A)

Table H.45 **Estimated Numbers (in Thousands) of Persons Who First Used *Hallucinogens* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

	NUMBER OF INITIATES (1,000s)				AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25	MEAN AGE	12-17	18-25
1965	90	33	49	19.0	1.4	2.2
1966	101	48	43	18.9	2.1	1.8
1967	314	118	182	18.3	5.0	7.1
1968	381	164	187	18.1	6.8	7.1
1969	654	218	401	18.8	8.9	14.8
1970	847	315	458	19.0	12.7	16.6
1971	907	410	471	18.2	16.3	16.7
1972	890	393	479	18.2	15.5	16.8
1973	734	363	350	18.3	14.1	12.4
1974	868	420	434	18.0	16.2	15.5
1975	832	319	424	19.6	12.3	15.0
1976	941	461	415	18.9	17.8	14.5
1977	755	333	356	18.8	13.0	12.3
1978	804	392	331	19.1	15.6	11.3
1979	812	348	406	18.8	14.3	13.7
1980	875	409	419	18.3	17.4	14.0
1981	903	342	476	19.8	14.9	15.7
1982	616	220	357	19.3	9.7	11.8
1983	654	265	338	19.1	11.8	11.3
1984	664	285	346	18.9	12.9	11.7
1985	613	266	294	19.1	12.2	10.1
1986	636	281	315	18.8	13.2	11.0
1987	673	293	281	19.7	14.1	10.0
1988	580	236	320	18.7	11.7	11.5
1989	623	271	308	18.7	13.7	11.3
1990	594	217	330	19.2	11.0	12.3
1991	619	250	340	18.8	12.6	13.0
1992	690	299	319	19.4	14.7	12.5
1993	670	324	298	18.7	15.4	11.9
1994	821	408	350	18.4	18.8	14.2
1995	906	463	393	18.0	21.0	16.4
1996	958	492	417	17.9	22.1	17.7
1997	1,014	513	435	18.1	22.7	18.9
1998	1,177	603	516	18.0	26.5	22.5
1999[2]	1,471	697	656	18.4	30.6	28.6
2000[3]	1,486	682	715	18.6	29.9	31.6

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.9A)

Table H.46 **Estimated Numbers (in Thousands) of Persons Who First Used *Inhalants* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	78	27	*	13.4	1.2	*
1966	156	88	35	15.6	3.8	1.4
1967	149	69	33	17.6	2.9	1.3
1968	227	123	60	15.9	5.1	2.3
1969	227	129	67	15.5	5.3	2.4
1970	229	126	75	16.9	5.1	2.6
1971	243	142	79	15.8	5.6	2.7
1972	287	129	113	17.1	5.0	3.7
1973	327	145	159	18.1	5.6	5.3
1974	411	197	188	17.6	7.5	6.2
1975	504	224	224	18.2	8.6	7.2
1976	517	233	224	17.9	9.0	7.1
1977	607	294	264	17.7	11.5	8.4
1978	662	345	234	18.3	13.8	7.4
1979	633	316	223	18.6	13.1	6.9
1980	513	247	154	19.1	10.6	4.8
1981	490	211	208	18.0	9.2	6.4
1982	396	203	133	18.4	9.0	4.1
1983	442	239	156	17.5	10.7	4.9
1984	475	263	167	17.7	12.0	5.3
1985	410	224	130	17.6	10.4	4.2
1986	453	265	140	17.4	12.6	4.6
1987	485	254	180	17.7	12.3	6.1
1988	446	262	126	16.9	13.2	4.4
1989	435	232	137	18.0	11.9	4.8
1990	418	221	147	17.6	11.3	5.3
1991	431	216	149	17.9	11.0	5.5
1992	490	256	154	17.5	12.7	5.8
1993	558	289	188	16.9	13.9	7.3
1994	618	333	195	17.0	15.5	7.7
1995	691	365	198	17.9	16.7	7.9
1996	696	404	195	16.0	18.2	8.0
1997	895	500	236	17.4	22.4	9.8
1998	879	553	220	15.7	24.8	9.1
1999[2]	999	620	260	16.5	27.8	10.6
2000[3]	979	626	228	16.2	28.0	9.2

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.10A)

Table H.47 **Estimated Numbers (in Thousands) of Persons Who First Used *Pain Relievers* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

	NUMBER OF INITIATES (1,000s)				AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25	MEAN AGE	12-17	18-25
1965	110	51	25	19.8	2.2	1.1
1966	115	57	47	17.3	2.5	1.9
1967	152	58	68	17.9	2.5	2.7
1968	168	74	58	18.7	3.1	2.2
1969	278	79	180	18.3	3.2	6.6
1970	286	102	124	19.2	4.1	4.4
1971	315	114	145	19.4	4.5	4.9
1972	342	149	159	19.5	5.8	5.3
1973	392	135	208	19.9	5.1	6.9
1974	405	161	180	20.4	6.1	5.9
1975	403	126	169	21.0	4.8	5.5
1976	422	147	168	20.8	5.6	5.3
1977	509	170	279	19.7	6.6	8.8
1978	507	191	216	19.7	7.5	6.7
1979	374	103	207	20.6	4.2	6.3
1980	484	173	176	23.4	7.3	5.3
1981	499	145	197	22.7	6.3	5.9
1982	407	91	189	23.6	4.0	5.7
1983	443	92	225	22.7	4.1	6.8
1984	361	111	164	20.3	5.0	5.0
1985	409	100	163	22.7	4.5	5.1
1986	424	110	169	22.8	5.1	5.4
1987	454	105	172	23.7	5.0	5.6
1988	415	123	187	21.7	6.1	6.2
1989	541	100	262	22.9	5.0	8.9
1990	554	94	245	24.6	4.8	8.5
1991	571	138	205	23.5	6.9	7.3
1992	626	148	238	23.2	7.2	8.6
1993	681	193	253	22.7	9.1	9.4
1994	752	249	271	21.8	11.4	10.3
1995	983	303	340	22.9	13.7	13.2
1996	1,075	379	380	22.5	17.0	15.1
1997	1,287	515	473	21.3	22.9	19.2
1998	1,463	641	501	20.4	28.6	20.5
1999[2]	1,666	727	596	20.3	32.6	24.5
2000[3]	2,033	933	697	20.8	42.1	29.1

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.11A)

Table H.48 Estimated Numbers (in Thousands) of Persons Who First Used *Tranquilizers* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	52	*	*	16.2	*	*
1966	108	54	50	18.4	2.3	2.1
1967	75	23	31	21.6	1.0	1.2
1968	147	29	80	19.7	1.2	3.0
1969	191	45	100	21.9	1.8	3.6
1970	222	85	108	19.3	3.4	3.8
1971	274	128	113	19.7	5.0	3.8
1972	270	75	150	21.7	2.9	4.9
1973	353	138	145	20.4	5.2	4.8
1974	419	168	198	19.7	6.3	6.5
1975	331	120	169	19.8	4.5	5.4
1976	410	156	175	20.9	5.9	5.5
1977	451	132	248	21.4	5.1	7.7
1978	321	122	160	20.7	4.8	4.9
1979	468	137	225	22.2	5.5	6.8
1980	381	116	205	21.0	4.8	6.2
1981	386	108	188	21.5	4.6	5.6
1982	317	77	170	22.1	3.4	5.1
1983	395	103	185	23.0	4.5	5.6
1984	373	86	137	24.8	3.9	4.2
1985	311	79	112	24.7	3.6	3.5
1986	294	74	127	24.0	3.4	4.0
1987	302	55	101	25.6	2.6	3.3
1988	304	46	123	26.2	2.2	4.0
1989	384	79	139	25.6	3.9	4.6
1990	335	49	150	26.2	2.4	5.1
1991	345	63	144	25.9	3.1	5.0
1992	390	77	141	26.6	3.7	5.0
1993	389	86	160	25.4	4.0	5.8
1994	540	119	206	25.3	5.4	7.6
1995	558	155	226	23.2	6.9	8.4
1996	583	162	240	24.7	7.1	9.1
1997	711	221	271	23.6	9.5	10.5
1998	774	256	265	23.8	11.0	10.2
1999[2]	734	269	335	21.4	11.5	12.8
2000[3]	973	331	354	23.3	14.0	13.5

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

Table H.49 **Estimated Numbers (in Thousands) of Persons Who First Used *Stimulants* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

	NUMBER OF INITIATES (1,000s)				AGE-SPECIFIC RATES[1]	
YEAR	**All Ages**	**12-17**	**18-25**	**MEAN AGE**	**12-17**	**18-25**
1965	185	35	123	20.5	1.5	5.5
1966	190	62	108	20.1	2.6	4.5
1967	199	89	107	17.9	3.8	4.2
1968	378	136	210	18.9	5.6	8.0
1969	385	137	221	19.1	5.6	8.1
1970	498	204	275	17.9	8.2	9.8
1971	402	141	253	18.2	5.5	8.8
1972	503	192	279	19.0	7.5	9.5
1973	446	157	273	18.4	6.0	9.3
1974	646	253	337	19.3	9.6	11.4
1975	547	194	312	19.0	7.4	10.4
1976	508	144	305	19.5	5.5	10.0
1977	494	177	279	19.1	6.8	9.1
1978	506	206	274	18.7	8.1	8.8
1979	537	255	258	18.3	10.4	8.2
1980	586	262	292	18.0	11.0	9.1
1981	572	214	315	19.0	9.3	9.7
1982	436	149	240	19.3	6.6	7.4
1983	348	142	173	18.9	6.3	5.4
1984	327	106	180	20.1	4.8	5.7
1985	335	144	161	19.0	6.6	5.2
1986	351	103	158	22.1	4.8	5.2
1987	285	101	163	19.7	4.8	5.4
1988	230	58	139	20.6	2.8	4.7
1989	236	76	106	20.8	3.8	3.6
1990	257	69	119	22.0	3.5	4.1
1991	219	82	99	19.8	4.1	3.5
1992	257	94	125	19.6	4.5	4.5
1993	306	132	120	19.2	6.2	4.4
1994	398	193	136	19.0	8.8	5.0
1995	518	232	195	19.5	10.3	7.3
1996	535	251	201	19.3	11.1	7.7
1997	679	308	232	21.3	13.4	9.0
1998	662	347	236	18.4	15.1	9.2
1999[2]	707	341	245	19.8	14.7	9.4
2000[3]	697	360	263	18.5	15.5	10.1

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.14A)

Table H.50 Estimated Numbers (in Thousands) of Persons Who First Used *Sedatives* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s) All Ages	12-17	18-25	MEAN AGE	AGE-SPECIFIC RATES[1] 12-17	18-25
1965	78	*	42	20.1	*	1.8
1966	53	23	14	19.0	1.0	0.6
1967	102	69	27	18.1	2.9	1.0
1968	187	123	60	16.3	5.1	2.2
1969	180	61	90	20.9	2.5	3.3
1970	342	159	165	18.2	6.3	5.8
1971	293	134	156	18.0	5.2	5.3
1972	330	144	182	18.4	5.6	6.0
1973	428	141	268	19.1	5.4	8.9
1974	437	226	186	18.9	8.6	6.2
1975	363	128	230	19.1	4.9	7.5
1976	343	135	167	19.4	5.1	5.4
1977	409	159	216	19.3	6.1	6.9
1978	405	142	223	19.7	5.5	7.0
1979	390	123	210	20.6	5.0	6.5
1980	333	122	178	19.9	5.1	5.4
1981	279	107	142	19.6	4.6	4.3
1982	272	78	159	20.0	3.4	4.8
1983	162	50	95	19.7	2.2	2.9
1984	142	37	80	21.6	1.6	2.5
1985	105	46	51	18.9	2.1	1.6
1986	98	19	59	21.9	0.9	1.9
1987	115	23	49	23.9	1.1	1.6
1988	93	21	44	22.9	1.0	1.4
1989	67	21	15	23.4	1.0	0.5
1990	89	21	17	31.1	1.0	0.6
1991	90	17	44	27.2	0.8	1.5
1992	77	20	34	24.7	0.9	1.2
1993	77	27	32	20.4	1.3	1.1
1994	95	39	35	20.1	1.8	1.3
1995	111	45	33	25.9	2.0	1.2
1996	159	51	45	25.5	2.2	1.7
1997	124	54	47	20.0	2.3	1.7
1998	144	58	50	20.9	2.5	1.8
1999[2]	160	56	51	26.4	2.3	1.9
2000[3]	175	72	67	20.8	3.0	2.4

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.15A)

Table H.51 **Estimated Numbers (in Thousands) of Persons Who First Used *Alcohol* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

	NUMBER OF INITIATES (1,000s)				AGE-SPECIFIC RATES[1]	
YEAR	**All Ages**	**12-17**	**18-25**	**MEAN AGE**	**12-17**	**18-25**
1965	3,150	1,400	1,465	17.6	72.0	196.0
1966	3,397	1,495	1,619	17.9	76.9	208.5
1967	3,855	1,925	1,703	17.4	99.2	214.7
1968	3,809	1,841	1,632	17.4	93.7	207.7
1969	3,934	1,874	1,783	17.4	93.8	227.9
1970	4,017	2,025	1,635	17.5	100.1	213.1
1971	4,140	2,161	1,684	17.1	106.4	220.2
1972	4,440	2,388	1,725	17.0	117.8	233.7
1973	4,313	2,470	1,527	16.6	122.4	211.7
1974	4,358	2,417	1,624	16.7	121.3	227.6
1975	4,257	2,575	1,382	16.8	130.6	194.2
1976	4,057	2,419	1,255	16.7	124.0	177.0
1977	4,195	2,398	1,475	16.9	125.9	209.6
1978	3,988	2,415	1,309	16.8	130.0	191.1
1979	4,144	2,420	1,399	16.8	135.8	202.7
1980	3,926	2,281	1,230	17.4	132.5	179.7
1981	3,750	2,179	1,268	16.8	129.3	184.0
1982	3,664	2,159	1,215	16.6	129.9	177.9
1983	3,360	1,991	1,098	16.9	120.1	163.0
1984	3,500	2,102	1,116	16.8	128.7	168.6
1985	3,543	2,159	1,129	16.6	135.2	174.1
1986	3,528	2,089	1,111	16.9	134.8	174.0
1987	3,260	1,789	1,144	17.1	118.9	184.1
1988	3,421	2,031	1,082	16.7	138.8	175.6
1989	2,999	1,690	1,002	16.9	116.8	160.9
1990	3,144	1,782	1,009	16.9	121.8	163.7
1991	3,144	1,772	1,053	16.5	118.8	175.0
1992	3,290	1,868	1,096	16.9	121.8	188.2
1993	3,322	1,926	1,060	16.6	121.7	187.5
1994	3,466	2,103	1,060	16.3	130.2	192.6
1995	3,541	2,186	990	16.4	134.5	182.0
1996	3,858	2,414	1,089	16.3	149.1	204.3
1997	4,334	2,841	1,145	16.3	179.2	221.7
1998[2]	4,638	3,069	1,168	16.2	195.4	230.8
1999[3]	5,011	3,508	1,195	15.9	228.4	248.6
2000[3]	--	3,093	1,133	--	217.1	252.1

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.16A)

Table H.52 Estimated Numbers (in Thousands) of Persons Who First Used Any *Cigarettes* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	2,801	1,849	577	15.5	113.1	75.8
1966	2,774	1,732	660	15.4	105.5	80.7
1967	3,114	1,880	802	15.7	113.1	93.1
1968	3,054	1,939	692	15.1	114.8	77.6
1969	3,082	1,775	789	15.5	102.0	85.6
1970	3,264	2,104	763	15.2	118.4	80.9
1971	3,218	2,077	658	15.2	116.3	65.9
1972	3,483	2,128	855	15.7	119.5	83.4
1973	3,396	2,260	643	14.9	126.6	62.9
1974	3,589	2,321	821	15.5	131.2	79.3
1975	3,468	2,315	696	15.0	132.3	66.3
1976	3,382	2,250	697	15.5	129.6	65.3
1977	3,210	2,101	642	15.4	123.1	60.0
1978	3,291	2,200	703	15.8	132.2	65.4
1979	3,006	1,899	700	15.9	118.3	65.0
1980	2,678	1,686	659	15.5	106.6	60.6
1981	2,758	1,708	662	16.2	108.7	60.3
1982	2,499	1,628	520	15.8	103.3	47.1
1983	2,529	1,599	601	15.7	100.4	54.2
1984	2,690	1,809	586	15.6	115.3	52.7
1985	2,603	1,727	573	15.9	112.6	51.6
1986	2,569	1,644	599	15.9	109.7	53.7
1987	2,476	1,606	572	15.9	110.0	51.6
1988	2,400	1,483	551	15.9	103.9	49.3
1989	2,383	1,457	603	15.5	102.8	54.2
1990	2,436	1,531	544	15.4	107.1	50.2
1991	2,403	1,423	578	15.6	97.6	53.9
1992	2,665	1,621	617	15.3	108.0	58.5
1993	2,745	1,745	588	15.2	113.6	56.8
1994	3,112	1,984	667	15.5	127.7	65.7
1995	3,194	2,084	659	15.4	134.5	66.7
1996	3,453	2,256	723	15.5	148.1	75.6
1997	3,285	2,206	683	15.7	147.4	73.8
1998[2]	3,049	2,121	604	15.4	141.0	65.6
1999[3]	2,846	1,993	590	15.9	130.6	67.2
2000[3]	--	1,637	525	--	106.6	59.4

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

Table H.53 Estimated Numbers (in Thousands) of Persons Who Began *Daily Cigarette Use* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	1,510	619	792	17.9	28.9	58.5
1966	1,885	779	958	18.1	36.0	65.0
1967	1,733	814	794	18.1	37.3	50.5
1968	1,963	839	991	18.2	37.6	60.1
1969	1,815	864	842	18.0	38.0	48.8
1970	2,055	974	987	17.8	41.9	55.3
1971	1,983	922	929	18.1	39.0	49.9
1972	1,992	1,015	833	17.7	42.6	43.0
1973	2,219	1,106	998	17.9	45.9	51.1
1974	2,143	1,047	920	17.9	43.3	46.3
1975	2,196	1,131	933	17.7	46.9	46.1
1976	1,874	981	743	18.1	40.9	36.0
1977	1,922	917	862	18.2	38.6	41.1
1978	1,896	935	837	18.0	39.9	39.2
1979	1,952	860	939	18.4	37.9	43.3
1980	1,721	828	728	18.2	37.6	33.0
1981	1,673	685	841	18.6	31.8	37.3
1982	1,489	659	725	18.6	31.0	31.8
1983	1,531	660	733	18.4	31.2	32.1
1984	1,508	747	635	18.3	35.8	27.9
1985	1,495	760	605	18.3	37.0	26.8
1986	1,461	715	637	18.5	35.7	28.3
1987	1,449	717	608	18.9	36.7	27.3
1988	1,344	670	551	18.4	35.4	24.8
1989	1,411	642	628	18.5	34.6	28.6
1990	1,409	623	637	18.9	33.5	29.9
1991	1,407	614	567	19.4	32.6	27.1
1992	1,446	708	553	18.5	36.6	27.0
1993	1,487	790	538	18.1	39.7	26.8
1994	1,628	872	591	17.9	42.8	30.1
1995	1,819	1,005	631	18.1	48.6	32.9
1996	1,858	1,027	644	18.1	49.4	34.4
1997	1,888	1,098	636	18.0	52.3	34.7
1998	1,828	1,025	628	18.3	48.5	34.6
1999[2]	1,574	893	559	18.0	41.9	30.6
2000[3]	1,393	747	538	18.3	34.5	29.3

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20624 (4.18A)

Table H.54 Estimated Numbers (in Thousands) of Persons Who First Used *Smokeless Tobacco* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	414	188	106	16.5	8.4	5.2
1966	486	196	191	18.0	8.8	8.6
1967	488	206	171	17.4	9.1	7.3
1968	482	186	172	16.8	8.0	7.0
1969	624	295	183	16.8	12.4	7.2
1970	608	280	179	16.9	11.6	6.8
1971	763	252	281	18.4	10.2	10.3
1972	791	371	248	17.3	14.9	8.9
1973	748	374	234	16.6	14.8	8.3
1974	853	391	259	17.2	15.5	9.2
1975	903	473	230	17.5	18.9	8.0
1976	1,162	572	418	17.3	23.1	14.3
1977	1,109	547	344	16.8	22.6	11.7
1978	1,060	572	290	16.4	24.2	9.8
1979	1,266	595	372	18.0	26.2	12.5
1980	1,257	603	377	17.4	27.6	12.7
1981	1,405	732	401	17.1	34.8	13.5
1982	1,261	686	333	16.8	33.5	11.4
1983	1,200	619	319	17.2	30.8	11.2
1984	1,169	647	271	17.4	32.8	9.8
1985	1,139	644	291	17.5	33.2	10.8
1986	1,125	569	327	18.2	29.9	12.6
1987	979	571	218	17.2	30.8	8.7
1988	871	451	260	17.8	24.8	10.6
1989	933	502	217	18.2	27.9	9.1
1990	888	485	191	18.5	26.9	8.2
1991	930	541	206	17.9	29.5	9.1
1992	1,015	522	276	18.7	27.6	12.5
1993	1,030	601	260	17.3	30.7	12.0
1994	1,015	628	246	16.8	31.0	11.5
1995	1,098	668	275	17.7	32.3	13.1
1996	1,129	672	263	18.2	32.1	12.7
1997	1,023	610	276	17.6	28.7	13.4
1998	967	584	267	18.1	27.1	12.8
1999[2]	978	577	244	18.6	26.4	11.5
2000[3]	939	543	290	18.1	24.5	13.4

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

Table H.55 **Estimated Numbers (in Thousands) of Persons Who First Used *Cigars* During the Years 1965 to 2000, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (Per 1,000 Person-Years of Exposure): Based on 1999-2001 NHSDAs**

YEAR	NUMBER OF INITIATES (1,000s) All Ages	12-17	18-25	MEAN AGE	AGE-SPECIFIC RATES[1] 12-17	18-25
1965	1,233	442	649	19.0	20.1	36.6
1966	1,306	455	679	19.6	20.7	35.6
1967	1,347	356	776	20.3	15.9	38.8
1968	1,337	422	741	19.3	18.4	35.7
1969	1,190	400	646	19.3	17.0	29.9
1970	1,362	460	714	19.4	19.2	31.9
1971	1,293	454	654	19.5	18.6	28.1
1972	1,483	518	730	19.8	21.0	30.4
1973	1,403	427	756	19.8	17.0	31.3
1974	1,567	624	750	19.2	24.8	30.7
1975	1,264	454	648	19.9	18.0	26.0
1976	1,312	392	714	20.4	15.6	27.9
1977	1,466	500	804	19.7	20.1	30.8
1978	1,419	420	762	20.7	17.2	28.8
1979	1,393	393	704	21.5	16.5	26.2
1980	1,424	416	776	20.5	18.1	28.3
1981	1,175	340	631	20.7	15.1	22.8
1982	1,135	294	667	20.8	13.3	23.9
1983	1,150	282	619	21.2	12.8	22.2
1984	1,268	322	724	21.0	14.8	26.2
1985	1,186	329	612	21.2	15.4	22.5
1986	1,188	287	716	20.6	13.7	26.9
1987	1,310	384	634	21.5	18.8	24.2
1988	1,283	350	659	21.3	17.7	25.6
1989	1,444	300	752	23.3	15.5	29.7
1990	1,517	356	783	22.4	18.5	31.8
1991	1,510	387	740	21.8	19.9	30.9
1992	1,610	473	768	21.3	23.8	33.0
1993	2,111	591	920	22.3	29.0	40.9
1994	2,452	748	1,033	21.9	35.9	47.7
1995	2,735	949	1,109	21.4	45.2	53.5
1996	3,632	1,295	1,384	21.7	62.1	70.7
1997	4,114	1,605	1,427	21.4	78.1	77.7
1998	4,335	1,708	1,380	22.3	84.9	79.5
1999[2]	3,864	1,555	1,158	23.0	77.4	68.6
2000[3]	3,070	1,331	935	21.6	65.9	57.0

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 and 2001 data only.

[3] Estimated using 2001 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999-2001.

20718 (3.1B)

Table H.56 Percentages Reporting about *Risk and Availability of Drugs*, by Age Group: 2000 and 2001

Risk/Availability[1]	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2000	2001	2000	2001	2000	2001	2000	2001
PERCEPTIONS OF GREAT RISK								
Cigarettes								
Smoke one or more packs per day	69.3^b	71.0	64.1	63.6	64.7	64.8	70.8^b	73.0
Marijuana								
Smoke once a month	44.3^b	41.9	37.7^b	35.7	29.8^b	26.9	47.8^b	45.3
Smoke once or twice a week	56.4^b	53.3	56.0^b	53.5	41.9^b	37.8	58.9^b	56.0
Cocaine								
Use once a month	76.0^b	74.6	55.4^a	54.1	69.0^b	66.5	80.1^a	78.8
Use once or twice a week	90.8^b	90.0	82.1	81.3	88.1^a	87.0	92.4^a	91.7
Heroin								
Try once or twice	84.4^b	83.5	62.3	61.2	79.5^a	78.3	88.3^a	87.4
Use once or twice a week	94.1	93.7	84.1^a	83.1	93.0	92.8	95.6	95.4
LSD								
Try once or twice	76.8^b	75.2	57.2^a	56.1	65.2^b	62.7	81.5^b	79.9
Use once or twice a week	89.4^a	88.7	77.7	77.3	84.3	83.6	91.9^a	91.1
Alcohol								
Four or five drinks nearly every day	70.6	70.1	63.7	63.2	63.8^a	62.3	72.7	72.4
Five or more drinks once or twice a week	47.1^a	45.9	43.2	42.8	37.5^a	36.0	49.3^a	48.0
AVAILABILITY								
Fairly or very easy to obtain								
Marijuana	54.8^b	56.6	54.1^a	55.4	75.3^b	77.2	51.2^b	53.0
Cocaine	30.4	30.8	25.2	25.5	39.0	40.2	29.6	29.8
Crack	29.0	29.2	26.8	27.0	33.9	33.6	28.4	28.7
Heroin	19.4	19.0	17.0	16.7	22.6	22.2	19.2	18.8
LSD	22.3	21.9	23.0	22.8	33.5	32.6	20.2	19.8
Approached by someone selling drugs past month	7.4^a	7.8	15.9	16.3	17.4^a	18.5	4.5	4.9

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (5.25A)

Table H.57 Estimated *Numbers* (in Thousands) of Persons Reporting Past Year *Substance Dependence or Abuse*, by Age Group: 2000 and 2001

	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
Past Year Dependence or Abuse	2000	2001	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	4,308^b	5,604	1,038	1,105	1,585^b	2,107	1,685^b	2,391
Marijuana and Hashish	2,840^b	3,473	785	846	1,187^b	1,558	868	1,070
Cocaine	748^a	1,043	85	61	226	282	436^a	700
Heroin	185	227	14	23	49	62	121	143
Hallucinogens[2]	402	487	138	153	220^a	293	45	41
Inhalants	178	141	91	77	32	43	55	22
Nonmedical Use of Any Psychotherapeutic[3]	1,084^a	1,407	247	256	292^a	388	546	763
Pain Relievers	723^a	985	182	189	204^a	273	336	523
Tranquilizers	264	241	45	48	62	87	158	106
Stimulants	321	325	84	76	76^a	118	161	131
Sedatives	119	149	21	18	24	22	74	110
Alcohol	12,110^b	13,398	1,200	1,212	3,696^b	4,351	7,214	7,835
Alcohol or Any Illicit Drug[1]	14,472^b	16,579	1,789	1,847	4,455^b	5,420	8,227^a	9,313
Alcohol and Any Illicit Drug[1]	1,947^b	2,423	449	470	826^b	1,039	671	914

*Low precision; no estimate reported.
NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.58 *Percentages* Reporting Past Year *Substance Dependence or Abuse*, by Age Group: 2000 and 2001

Past Year Dependence or Abuse	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2000	2001	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	1.9[b]	2.5	4.4	4.7	5.5[b]	7.1	1.0[b]	1.4
Marijuana and Hashish	1.3[b]	1.5	3.4	3.6	4.1[b]	5.3	0.5	0.6
Cocaine	0.3[a]	0.5	0.4	0.3	0.8	1.0	0.3[a]	0.4
Heroin	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1
Hallucinogens[2]	0.2	0.2	0.6	0.6	0.8[a]	1.0	0.0	0.0
Inhalants	0.1	0.1	0.4	0.3	0.1	0.1	0.0	0.0
Nonmedical Use of Any Psychotherapeutic[3]	0.5[a]	0.6	1.1	1.1	1.0[a]	1.3	0.3	0.4
Pain Relievers	0.3[a]	0.4	0.8	0.8	0.7	0.9	0.2	0.3
Tranquilizers	0.1	0.1	0.2	0.2	0.2	0.3	0.1	0.1
Stimulants	0.1	0.1	0.4	0.3	0.3[a]	0.4	0.1	0.1
Sedatives	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Alcohol	5.4[b]	5.9	5.1	5.1	12.8[b]	14.8	4.2	4.5
Alcohol or Any Illicit Drug[1]	6.5[b]	7.3	7.7	7.8	15.4[b]	18.4	4.8[a]	5.4
Alcohol and Any Illicit Drug[1]	0.9[b]	1.1	1.9	2.0	2.9[b]	3.5	0.4	0.5

*Low precision; no estimate reported.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.59 Estimated *Numbers* (in Thousands) of Persons Reporting Past Year *Substance Dependence*, by Age Group: 2000 and 2001

			AGE GROUP (Years)					
	Total		12-17		18-25		26 or Older	
Past Year Dependence	2000	2001	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	2,771[b]	3,634	560	567	1,013[b]	1,397	1,197[a]	1,670
Marijuana and Hashish	1,676[a]	2,024	423	425	736[b]	984	516	615
Cocaine	557	756	49	34	150	178	358	543
Heroin	164	212	6	16	38	60	120	137
Hallucinogens[2]	151	199	38	43	91[a]	139	23	17
Inhalants	101	67	36	26	12	20	53	21
Nonmedical Use of Any Psychotherapeutic[3]	698	894	118	133	187	252	393	508
Pain Relievers	443[a]	656	94	103	133	173	216	381
Tranquilizers	149	117	19	21	27	28	103	68
Stimulants	238	229	34	38	54[a]	91	151	100
Sedatives	81	92	12	10	12	17	57	65
Alcohol	5,089	5,441	418	448	1,337[b]	1,699	3,335	3,294
Alcohol or Any Illicit Drug[1]	7,066[b]	8,171	826	871	2,087[b]	2,729	4,154	4,572
Alcohol and Any Illicit Drug[1]	794	904	152	144	263[b]	368	379	392

*Low precision; no estimate reported.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.

[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20814 (5.1B)

Table H.60 *Percentages* Reporting Past Year *Substance Dependence*, by Age Group: 2000 and 2001

			AGE GROUP (Years)					
	Total		12-17		18-25		26 or Older	
Past Year Dependence	2000	2001	2000	2001	2000	2001	2000	2001
Any Illicit Drug[1]	1.2[b]	1.6	2.4	2.4	3.5[b]	4.7	0.7[a]	1.0
Marijuana and Hashish	0.8[a]	0.9	1.8	1.8	2.5[b]	3.3	0.3	0.4
Cocaine	0.2	0.3	0.2	0.1	0.5	0.6	0.2	0.3
Heroin	0.1	0.1	0.0	0.1	0.1	0.2	0.1	0.1
Hallucinogens[2]	0.1	0.1	0.2	0.2	0.3[a]	0.5	0.0	0.0
Inhalants	0.0	0.0	0.2	0.1	0.0	0.1	0.0	0.0
Nonmedical Use of Any Psychotherapeutic[3]	0.3	0.4	0.5	0.6	0.6	0.9	0.2	0.3
Pain Relievers	0.2[a]	0.3	0.4	0.4	0.5	0.6	0.1	0.2
Tranquilizers	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Stimulants	0.1	0.1	0.1	0.2	0.2[a]	0.3	0.1	0.1
Sedatives	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Alcohol	2.3	2.4	1.8	1.9	4.6[b]	5.8	2.0	1.9
Alcohol or Any Illicit Drug[1]	3.2[b]	3.6	3.5	3.7	7.2[b]	9.3	2.4	2.6
Alcohol and Any Illicit Drug[1]	0.4	0.4	0.7	0.6	0.9[a]	1.2	0.2	0.2

*Low precision; no estimate reported.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Due to a questionnaire change in 2001, comparison of hallucinogen estimates (except lifetime) with prior estimates should be interpreted with caution. See Appendix C.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.61 Estimated *Numbers* (in Thousands) of *Persons Aged 12 or Older* Reporting Past Year *Dependence or Abuse* for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	2000	2001	2000	2001	2000	2001
TOTAL	4,308[b]	5,604	12,110[b]	13,398	14,472[b]	16,579
AGE						
12-17	1,038	1,105	1,200	1,212	1,789	1,847
18-25	1,585[b]	2,107	3,696[b]	4,351	4,455[b]	5,420
26 or Older	1,685[b]	2,391	7,214	7,835	8,227[a]	9,313
GENDER						
Male	2,532[b]	3,565	8,240	8,961	9,566[b]	10,876
Female	1,777	2,039	3,870[a]	4,437	4,905[b]	5,703
HISPANIC ORIGIN AND RACE						
Not Hispanic	3,763[b]	4,840	10,695[b]	11,878	12,797[b]	14,644
White Only	2,975[b]	3,861	9,041[b]	10,157	10,713[b]	12,332
Black Only	580	687	1,183	1,199	1,496	1,586
American Indian or Alaska Native Only	45	56	86	121	109	162
Native Hawaiian or Other Pacific Islander	8	9	16	27	19	32
Asian Only	54[a]	106	251	206	276	293
More Than One Race	101	122	120	168	183	239
Hispanic	546[a]	764	1,415	1,521	1,675	1,936

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20701 (5.27B)

Table H.62 *Percentages of Persons Aged 12 or Older* Reporting Past Year *Dependence or Abuse* for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	2000	2001	2000	2001	2000	2001
TOTAL	1.9^{b}	2.5	5.4^{b}	5.9	6.5^{b}	7.3
AGE						
12-17	4.4	4.7	5.1	5.1	7.7	7.8
18-25	5.5^{b}	7.1	12.8^{b}	14.8	15.4^{b}	18.4
26 or Older	1.0^{b}	1.4	4.2	4.5	4.8^{a}	5.4
GENDER						
Male	2.4^{b}	3.3	7.7	8.3	8.9^{b}	10.0
Female	1.5	1.7	3.3^{a}	3.8	4.2^{b}	4.9
HISPANIC ORIGIN AND RACE						
Not Hispanic	1.9^{b}	2.4	5.4^{b}	5.9	6.4^{b}	7.3
White Only	1.8^{b}	2.4	5.5^{b}	6.2	6.6^{b}	7.5
Black Only	2.3	2.7	4.7	4.7	5.9	6.2
American Indian or Alaska Native Only	4.1	4.8	7.9	10.4	10.0	13.9
Native Hawaiian or Other Pacific Islander	1.4	1.4	2.8	4.2	3.5	4.9
Asian Only	0.7^{a}	1.3	3.3	2.6	3.6	3.7
More Than One Race	5.4	6.4	6.4	8.8	9.8	12.6
Hispanic	2.3^{a}	3.1	5.9	6.2	7.0	7.8

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20701 (5.32B)

Table H.63 *Percentages of Persons Aged 12 or Older* **Reporting Past Year** *Dependence or Abuse* **for Any Illicit Drug or Alcohol, by** *Geographic Characteristics*: **2000 and 2001**

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	2000	2001	2000	2001	2000	2001
TOTAL	1.9[b]	2.5	5.4[b]	5.9	6.5[b]	7.3
GEOGRAPHIC DIVISION						
Northeast	2.2	2.5	5.3[a]	6.5	6.6[b]	7.9
New England	2.9	2.9	7.3	7.2	9.0	9.1
Middle Atlantic	1.9	2.3	4.7[b]	6.2	5.7[b]	7.5
Midwest	1.7[b]	2.2	5.3[a]	6.2	6.2[b]	7.4
East North Central	1.7[b]	2.4	5.3	6.0	6.2[a]	7.3
West North Central	1.5	1.7	5.4	6.6	6.4	7.5
South	1.6[b]	2.2	5.1	5.3	5.9	6.5
South Atlantic	1.5	2.0	4.6	5.0	5.4	6.2
East South Central	1.5[b]	2.5	5.5	4.5	6.4	6.0
West South Central	1.7[a]	2.3	5.7	6.2	6.5	7.4
West	2.6[a]	3.3	6.1	6.3	7.6	8.1
Mountain	2.7	2.5	5.9	6.4	7.4	7.8
Pacific	2.6[a]	3.6	6.2	6.2	7.6	8.3
COUNTY TYPE						
Large Metro	2.1[b]	2.6	5.7	5.9	6.9[a]	7.5
Small Metro	1.8[b]	2.5	5.3[b]	6.2	6.3[b]	7.5
250K - 1 Mil. Pop.	1.8[b]	2.5	5.3[a]	6.1	6.2[b]	7.5
<250K Pop.	1.8	2.4	5.6	6.5	6.5[a]	7.7
Nonmetro	1.6[b]	2.1	5.0	5.5	5.9	6.6
Urbanized	1.8[b]	2.8	5.2	6.4	6.2[a]	7.7
Less Urbanized	1.5	1.8	4.8	5.0	5.7	6.0
Completely Rural	1.1	1.7	5.5	6.1	6.0	7.1

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20701 (5.38A)

Table H.64 Estimated *Numbers* (in Thousands) of *Persons Aged 12 or Older* Who Received Substance Abuse Treatment in the Past Year, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[2]	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	1,268[b]	1,714	2,109	2,200	884[a]	1,219	2,829	3,129
AGE								
12-17	249	238	232	198	173	145	372	360
18-25	275[b]	377	405	433	185	243	572	673
26 or Older	744[a]	1,099	1,472	1,569	526[a]	830	1,885	2,096
GENDER								
Male	704[b]	994	1,500	1,511	525[a]	753	1,944	2,024
Female	563	720	609	689	359	466	885	1,105
HISPANIC ORIGIN AND RACE								
Not Hispanic	1,162[a]	1,515	1,912	1,965	804[a]	1,091	2,569	2,733
White Only	920	1,077	1,540	1,551	592	762	2,098	2,135
Black Only	197[a]	345	285	336	170	280	372	448
American Indian or Alaska Native Only	12	*	37	36	10	*	44	51
Native Hawaiian or Other Pacific Islander	3	5	3	4	2	3	6	7
Asian Only	5	13	18	14	5	3	19	32
More Than One Race	25	*	30	25	25	22	30	60
Hispanic	105[a]	199	197	235	80	128	260	397

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.65 *Percentages of Persons Aged 12 or Older* Who Received *Substance Abuse Treatment* in the Past Year, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[2]	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	0.6[a]	0.8	0.9	1.0	0.4[a]	0.5	1.3	1.4
AGE								
12-17	1.1	1.0	1.0	0.8	0.7	0.6	1.6	1.5
18-25	0.9[b]	1.3	1.4	1.5	0.6	0.8	2.0	2.3
26 or Older	0.4[a]	0.6	0.9	0.9	0.3[a]	0.5	1.1	1.2
GENDER								
Male	0.7[b]	0.9	1.4	1.4	0.5[a]	0.7	1.8	1.9
Female	0.5	0.6	0.5	0.6	0.3	0.4	0.8	0.9
HISPANIC ORIGIN AND RACE								
Not Hispanic	0.6[a]	0.8	1.0	1.0	0.4	0.5	1.3	1.4
White Only	0.6	0.7	0.9	0.9	0.4	0.5	1.3	1.3
Black Only	0.8[a]	1.4	1.1	1.3	0.7	1.1	1.5	1.8
American Indian or Alaska Native Only	1.1	*	3.4	3.1	0.9	*	4.0	4.4
Native Hawaiian or Other Pacific Islander	0.5	0.8	0.5	0.6	0.4	0.5	1.1	1.0
Asian Only	0.1	0.2	0.2	0.2	0.1	0.0	0.3	0.4
More Than One Race	1.3	*	1.6	1.3	1.3	1.1	1.6	3.1
Hispanic	0.4[a]	0.8	0.8	1.0	0.3	0.5	1.1	1.6

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20701 (5.43B)

Table H.66 *Percentages of Persons Aged 12 or Older* Who Received *Substance Abuse Treatment* In the Past Year, by *Geographic Characteristics*: 2000 and 2001

Geographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[2]	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	0.6[a]	0.8	0.9	1.0	0.4[a]	0.5	1.3	1.4
GEOGRAPHIC DIVISION								
Northeast	0.6	0.8	0.9	1.0	0.4	0.6	1.2	1.4
New England	0.8	1.0	0.9	1.6	0.5	0.7	1.4	2.0
Middle Atlantic	0.5	0.8	0.9	0.8	0.3	0.6	1.1	1.2
Midwest	0.6	0.5	1.2	1.0	0.4	0.4	1.6	1.3
East North Central	0.5	0.6	1.1	1.2	0.4	0.5	1.5	1.4
West North Central	0.7	0.3	1.4[a]	0.8	0.5	0.3	1.8[a]	1.0
South	0.5[a]	0.7	0.7	0.8	0.3[a]	0.5	0.9	1.2
South Atlantic	0.4[a]	0.8	0.7	0.9	0.3[a]	0.6	1.0	1.2
East South Central	0.4	0.5	0.4	0.7	0.2	0.3	0.6	1.1
West South Central	0.6	0.7	0.6	0.7	0.4	0.5	1.0	1.2
West	0.7	1.0	1.2	1.2	0.6	0.7	1.5	1.8
Mountain	0.7	0.7	1.2	0.8	0.5	0.4	1.5	1.4
Pacific	0.7	1.1	1.2	1.3	0.6	0.8	1.5	2.0
COUNTY TYPE								
Large Metro	0.6[a]	0.8	1.0	1.0	0.5	0.6	1.3	1.5
Small Metro	0.5[a]	0.9	0.9	1.1	0.4[a]	0.7	1.2	1.5
250K - 1 Mil. Pop.	0.5[a]	1.0	0.8	1.2	0.4[a]	0.7	1.2	1.7
<250K Pop.	0.6	0.6	1.0	0.9	0.4	0.5	1.4	1.1
Nonmetro	0.5	0.4	0.9	0.6	0.3	0.3	1.3	1.0
Urbanized	0.7	0.5	1.0	0.7	0.6	0.3	1.4	1.1
Less Urbanized	0.4	0.4	0.9	0.6	0.2	0.3	1.3[a]	0.9
Completely Rural	0.4	0.5	0.6	0.9	0.2	0.2	0.9	1.5

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] "Receiving treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20701 (5.49A)

Table H.67 **Estimated *Numbers* (in Thousands) of *Persons Aged 12 or Older* Who *Needed and Received Treatment* for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility Among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	4,655[b]	6,096	774[a]	1,054	3,881[b]	5,042	16.6	17.3
AGE								
12-17	1,074	1,146	122	116	951	1,029	11.4	10.2
18-25	1,645[b]	2,191	142[b]	237	1,503[b]	1,954	8.6	10.8
26 or Older	1,937[b]	2,760	510	700	1,427[b]	2,059	26.3	25.4
GENDER								
Male	2,749[b]	3,839	411	562	2,337[b]	3,276	15.0	14.6
Female	1,907	2,258	363	491	1,544	1,766	19.0	21.8
HISPANIC ORIGIN AND RACE								
Not Hispanic	4,081[b]	5,279	723	924	3,358[b]	4,356	17.7	17.5
White Only	3,235[b]	4,179	577	626	2,659[b]	3,553	17.8	15.0
Black Only	632	785	118	225	514	560	*	28.7
American Indian or Alaska Native Only	46	58	4	*	42	36	*	*
Native Hawaiian or Other Pacific Islander	10	9	3	0	7	9	*	*
Asian Only	54[a]	108	1	3	54[a]	105	*	*
More Than One Race	103	140	21	*	82	94	*	*
Hispanic	574[a]	817	51[a]	130	523	687	9.0	15.9

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20701 (5.49B)

Table H.68 *Percentages of Persons Aged 12 or Older* **Who** *Needed and Received Treatment* **for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000 and 2001**

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility Among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	2.1[b]	2.7	0.3[a]	0.5	1.7[b]	2.2	16.6	17.3
AGE								
12-17	4.6	4.9	0.5	0.5	4.1	4.4	11.4	10.2
18-25	5.7[b]	7.4	0.5[b]	0.8	5.2[b]	6.6	8.6	10.8
26 or Older	1.1[b]	1.6	0.3	0.4	0.8[b]	1.2	26.3	25.4
GENDER								
Male	2.6[b]	3.5	0.4	0.5	2.2[b]	3.0	15.0	14.6
Female	1.6	1.9	0.3	0.4	1.3	1.5	19.0	21.8
HISPANIC ORIGIN AND RACE								
Not Hispanic	2.0[b]	2.6	0.4	0.5	1.7[b]	2.2	17.7	17.5
White Only	2.0[b]	2.6	0.4	0.4	1.6[b]	2.2	17.8	15.0
Black Only	2.5	3.1	0.5	0.9	2.0	2.2	*	28.7
American Indian or Alaska Native Only	4.3	5.0	0.4	*	3.9	3.1	*	*
Native Hawaiian or Other Pacific Islander	1.8	1.4	0.5	0.1	1.4	1.3	*	*
Asian Only	0.7[a]	1.4	0.0	0.0	0.7[a]	1.3	*	*
More Than One Race	5.5	7.4	1.1	*	4.4	4.9	*	*
Hispanic	2.4[a]	3.3	0.2[a]	0.5	2.2	2.8	9.0	15.9

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.69 *Percentages of Persons Aged 12 or Older* Who *Needed and Received Treatment* for an Illicit Drug Problem in the Past Year, by *Geographic Characteristics*: 2000 and 2001

Geographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility Among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	2.1[b]	2.7	0.3[a]	0.5	1.7[b]	2.2	16.6	17.3
GEOGRAPHIC DIVISION								
Northeast	2.4	2.7	0.4	0.5	2.0	2.2	17.2	18.8
New England	3.2	3.1	0.7	0.5	2.6	2.6	*	*
Middle Atlantic	2.1	2.5	0.3	0.5	1.8	2.0	15.3	19.9
Midwest	1.8[a]	2.3	0.3	0.3	1.5[b]	2.0	17.8	13.7
East North Central	1.9[b]	2.5	0.3	0.4	1.6[b]	2.1	16.1	14.5
West North Central	1.7	1.8	0.4	0.2	1.4	1.6	*	11.0
South	1.7[b]	2.4	0.3[a]	0.5	1.4[b]	2.0	17.3	18.8
South Atlantic	1.7[a]	2.3	0.3	0.5	1.4	1.8	20.0	20.9
East South Central	1.6[b]	2.6	0.2[a]	0.5	1.4[a]	2.1	10.1	*
West South Central	1.8[b]	2.5	0.3	0.4	1.5[a]	2.1	16.6	16.3
West	2.7[b]	3.7	0.4	0.6	2.3[b]	3.0	14.7	17.0
Mountain	2.8	2.8	0.4	0.4	2.4	2.3	13.9	15.8
Pacific	2.7[b]	4.0	0.4	0.7	2.3[b]	3.3	*	17.4
COUNTY TYPE								
Large Metro	2.3[b]	2.9	0.4	0.5	1.9[b]	2.4	16.2	18.5
Small Metro	2.0[b]	2.8	0.3	0.5	1.7[b]	2.3	15.5	18.0
250K - 1 Mil. Pop.	2.0[b]	2.8	0.3[a]	0.6	1.7[b]	2.3	15.1	19.9
<250K Pop.	2.0	2.6	0.3	0.3	1.7	2.3	16.7	11.8
Nonmetro	1.7[a]	2.2	0.3	0.3	1.4[b]	1.9	20.0	12.4
Urbanized	2.0[a]	2.9	0.5	0.4	1.5[b]	2.5	*	12.4
Less Urbanized	1.7	1.9	0.3	0.2	1.4	1.7	*	11.9
Completely Rural	1.2	1.7	0.2	0.3	1.0	1.4	*	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table H.70 Estimated Numbers (in Thousands) Reporting Whether They Felt They Needed Illicit Drug Treatment and Whether They Made an Effort to Get Treatment in the Past Year Among Persons Aged 12 or Older Classified as Needing But Not Receiving Treatment for an Illicit Drug Problem, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	Total Needing But Not Receiving Treatment[1]		Felt Need for Treatment[2]						Did Not Feel Need for Treatment[3]	
			Total		Made Effort		Made No Effort			
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	3,881[b]	5,042	381	377	129	101	253	276	3,500[b]	4,665
AGE										
12-17	951	1,029	74[a]	42	*	*	*	*	877	987
18-25	1,503[b]	1,954	103	110	*	*	*	*	1,400[b]	1,843
26 or Older	1,427[b]	2,059	204	224	*	*	*	*	1,222[b]	1,835
GENDER										
Male	2,337[b]	3,276	231	240	*	*	*	*	2,106[b]	3,037
Female	1,544	1,766	150	137	*	*	*	*	1,393	1,629

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] "Needing But Not Receiving Treatment" refers to respondents classified as needing treatment for any illicit drug, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[2] Persons who felt a need for treatment include persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who only received treatment for an illicit drug problem at a nonspecialty facility and felt they needed additional treatment.

[3] Persons who did not feel a need for treatment include persons who did not receive and felt they did not need treatment for an illicit drug problem, as well as persons who only received treatment for an illicit drug problem at a nonspecialty facility and felt they did not need additional treatment.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

20823 (8.2A)

Table H.71 Estimated *Numbers* (in Thousands) of *Persons Aged 18 or Older* with Past Year *Serious Mental Illness*, by Age Group and Demographic Characteristics: 2001

Demographic Characteristic	Total	AGE GROUP (Years) 18-25	26-49	50 or Older
TOTAL	14,783	3,463	7,616	3,704
GENDER				
Male	5,446	1,460	2,590	1,395
Female	9,337	2,003	5,026	2,308
HISPANIC ORIGIN AND RACE				
Not Hispanic	13,434	3,088	7,007	3,339
White Only	11,068	2,462	5,724	2,882
Black Only	1,668	392	844	432
American Indian or Alaska Native Only	142	*	*	*
Native Hawaiian or Other Pacific Islander	42	*	*	*
Asian Only	310	123	186	*
More Than One Race	204	67	121	*
Hispanic	1,349	375	610	365
ADULT EDUCATION				
< High School	3,325	851	1,240	1,234
High School Graduate	4,922	1,266	2,423	1,233
Some College	4,059	1,038	2,303	718
College Graduate	2,478	307	1,651	519
CURRENT EMPLOYMENT				
Full-Time	6,859	1,611	4,257	991
Part-Time	2,232	855	1,045	332
Unemployed	705	295	312	*
Other[1]	4,987	701	2,002	2,284

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

20823 (8.2B)

Table H.72 ***Percentages of Persons Aged 18 or Older*** **with Past Year** ***Serious Mental Illness*****, by Age Group and Demographic Characteristics: 2001**

Demographic Characteristic	Total	AGE GROUP (Years)		
		18-25	26-49	50 or Older
TOTAL	7.3	11.7	7.9	4.9
GENDER				
Male	5.6	10.0	5.5	4.0
Female	8.8	13.5	10.1	5.6
HISPANIC ORIGIN AND RACE				
Not Hispanic	7.4	12.3	8.2	4.7
White Only	7.5	12.7	8.4	4.8
Black Only	7.5	10.0	7.5	6.2
American Indian or Alaska Native Only	14.4	*	*	*
Native Hawaiian or Other Pacific Islander	7.0	*	*	*
Asian Only	4.4	11.3	4.7	*
More Than One Race	13.5	19.5	15.1	*
Hispanic	6.4	8.4	5.3	7.0
ADULT EDUCATION				
< High School	9.7	14.5	10.2	7.5
High School Graduate	7.5	12.1	8.0	4.9
Some College	8.1	10.9	9.2	4.6
College Graduate	4.8	8.6	5.6	2.8
CURRENT EMPLOYMENT				
Full-Time	6.0	10.8	6.0	3.5
Part-Time	8.9	12.0	10.5	4.2
Unemployed	13.1	16.3	12.1	*
Other[1]	8.7	12.4	15.3	6.0

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

Table H.73 Percentages of *Persons Aged 18 or Older* with Past Year *Serious Mental Illness*, by Age Group and *Geographic Characteristics*: 2001

Geographic Characteristic	Total	AGE GROUP (Years)		
		18-25	26-49	50 or Older
TOTAL	7.3	11.7	7.9	4.9
GEOGRAPHIC DIVISION				
Northeast	7.1	12.0	7.6	4.8
New England	7.2	12.9	8.0	4.1
Middle Atlantic	7.1	11.6	7.5	5.1
Midwest	7.2	12.1	8.2	4.0
East North Central	7.1	12.3	8.2	3.7
West North Central	7.3	11.5	8.1	4.5
South	7.6	12.1	8.2	5.2
South Atlantic	7.3	11.8	7.9	5.0
East South Central	8.7	12.3	8.7	7.2
West South Central	7.5	12.3	8.3	4.3
West	7.2	10.8	7.2	5.5
Mountain	7.3	12.6	8.0	4.0
Pacific	7.2	10.1	7.0	6.1
COUNTY TYPE				
Large Metro	6.6	11.4	6.9	4.3
Small Metro	8.2	12.1	9.2	5.3
250K - 1 Mil. Pop.	8.0	12.1	9.0	5.1
<250K Pop.	8.8	12.2	9.8	6.1
Nonmetro	7.7	12.0	8.3	5.6
Urbanized	7.1	11.6	7.4	4.5
Less Urbanized	7.8	12.3	8.8	5.3
Completely Rural	8.8	11.2	7.5	9.4

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

20823 (8.9A)

Table H.74 **Estimated *Numbers* (in Thousands) of *Persons Aged 18 or Older* with Past Year *Serious Mental Illness*, by Past Year Any Illicit Drug Use and Demographic Characteristics: 2001**

Demographic Characteristic	Total	Any Illicit Drug Use[1]	
		Yes	No
TOTAL	14,783	3,911	10,872
AGE			
18-25	3,463	1,616	1,847
26-49	7,616	1,949	5,667
50 or Older	3,704	345	3,359
GENDER			
Male	5,446	1,717	3,729
Female	9,337	2,194	7,143
HISPANIC ORIGIN AND RACE			
Not Hispanic	13,434	3,572	9,862
White Only	11,068	2,971	8,097
Black Only	1,668	398	1,270
American Indian or Alaska Native Only	142	*	88
Native Hawaiian or Other Pacific Islander	42	*	28
Asian Only	310	62	248
More Than One Race	204	*	131
Hispanic	1,349	339	1,011
ADULT EDUCATION			
< High School	3,325	1,014	2,311
High School Graduate	4,922	1,302	3,620
Some College	4,059	1,006	3,053
College Graduate	2,478	590	1,888
CURRENT EMPLOYMENT			
Full-Time	6,859	1,928	4,931
Part-Time	2,232	760	1,472
Unemployed	705	304	401
Other[2]	4,987	919	4,068

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

Table H.75 *Percentages* **of** *Persons Aged 18 or Older* **with Past Year** *Serious Mental Illness*, **by Past Year Any Illicit Drug Use and Demographic Characteristics: 2001**

Demographic Characteristic	Total	Any Illicit Drug Use[1]	
		Yes	No
TOTAL	7.3	16.6	6.1
AGE			
18-25	11.7	17.2	9.2
26-49	7.9	15.9	6.7
50 or Older	4.9	19.0	4.6
GENDER			
Male	5.6	12.8	4.5
Female	8.8	21.8	7.5
HISPANIC ORIGIN AND RACE			
Not Hispanic	7.4	16.8	6.2
White Only	7.5	16.7	6.2
Black Only	7.5	15.8	6.5
American Indian or Alaska Native Only	14.4	*	11.1
Native Hawaiian or Other Pacific Islander	7.0	*	5.2
Asian Only	4.4	16.3	3.7
More Than One Race	13.5	*	11.2
Hispanic	6.4	15.2	5.3
ADULT EDUCATION			
< High School	9.7	23.3	7.7
High School Graduate	7.5	16.9	6.3
Some College	8.1	14.7	7.0
College Graduate	4.8	12.8	4.0
CURRENT EMPLOYMENT			
Full-Time	6.0	13.4	4.9
Part-Time	8.9	19.3	7.0
Unemployed	13.1	22.3	10.0
Other[2]	8.7	23.9	7.6

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

20823 (8.24A)

Table H.76 Estimated *Numbers* (in Thousands) of *Persons Aged 18 or Older* Receiving *Mental Health Treatment/Counseling* in the Past Year, by Past Year Serious Mental Illness and Demographic Characteristics: 2001

Demographic Characteristic	Total	Serious Mental Illness[1]	
		Yes	No
TOTAL	22,330	6,905	15,425
AGE			
18-25	2,839	1,130	1,709
26-49	11,733	3,803	7,930
50 or Older	7,758	1,972	5,786
GENDER			
Male	7,872	2,081	5,790
Female	14,459	4,824	9,635
HISPANIC ORIGIN AND RACE			
Not Hispanic	20,995	6,547	14,449
White Only	18,425	5,671	12,754
Black Only	1,870	640	1,229
American Indian or Alaska Native Only	140	*	62
Native Hawaiian or Other Pacific Islander	*	*	*
Asian Only	291	*	235
More Than One Race	250	*	159
Hispanic	1,335	358	977
ADULT EDUCATION			
< High School	3,663	1,322	2,341
High School Graduate	6,924	2,310	4,614
Some College	5,844	1,888	3,956
College Graduate	5,899	1,385	4,514
CURRENT EMPLOYMENT			
Full-Time	10,774	2,741	8,033
Part-Time	3,018	1,059	1,958
Unemployed	738	282	456
Other[2]	7,800	2,823	4,977

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for alcohol or drug use.

[1] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

20823 (8.24B)

Table H.77 ***Percentages of Persons Aged 18 or Older*** **Receiving** ***Mental Health Treatment/Counseling*** **in the Past Year, by Past Year Serious Mental Illness and Demographic Characteristics: 2001**

Demographic Characteristic	Total	Serious Mental Illness[1]	
		Yes	No
TOTAL	11.1	46.8	8.3
AGE			
18-25	9.7	32.7	6.6
26-49	12.2	50.0	8.9
50 or Older	10.3	53.3	8.1
GENDER			
Male	8.2	38.4	6.4
Female	13.8	51.7	10.1
HISPANIC ORIGIN AND RACE			
Not Hispanic	11.7	48.8	8.7
White Only	12.5	51.4	9.3
Black Only	8.5	38.4	6.1
American Indian or Alaska Native Only	14.2	*	7.3
Native Hawaiian or Other Pacific Islander	*	*	*
Asian Only	4.1	*	3.5
More Than One Race	16.7	*	12.3
Hispanic	6.3	26.6	4.9
ADULT EDUCATION			
< High School	10.7	39.9	7.6
High School Graduate	10.6	47.1	7.6
Some College	11.7	46.6	8.6
College Graduate	11.4	55.9	9.2
CURRENT EMPLOYMENT			
Full-Time	9.4	40.0	7.5
Part-Time	12.1	47.7	8.6
Unemployed	13.8	40.2	9.8
Other[2]	13.8	56.7	9.6

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for alcohol or drug use. Respondents with missing treatment/counseling data are excluded.

[1] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.5 of Appendix B.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

Table H.78 Estimated *Numbers* (in Thousands) of *Persons Aged 18 or Older* Receiving *Specific Types of Mental Health Treatment/Counseling* in the Past Year, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	Received Mental Health Treatment/Counseling[1]		TYPE OF MENTAL HEALTH TREATMENT/COUNSELING					
			Inpatient		Outpatient		Prescription Medication	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	19,853[b]	22,330	1,407	1,548	11,160[b]	12,688	15,617[b]	17,516
AGE								
18-25	2,447[b]	2,839	243	280	1,478[b]	1,768	1,692[b]	1,965
26-49	11,134	11,733	655	796	6,829	6,988	8,535	8,964
50 or Older	6,272[b]	7,758	509	472	2,853[b]	3,932	5,390[a]	6,588
GENDER								
Male	6,645[b]	7,872	555	704	3,748	4,386	4,864[b]	5,909
Female	13,208[a]	14,459	852	844	7,412[a]	8,303	10,753	11,608
HISPANIC ORIGIN AND RACE								
Not Hispanic	18,486[b]	20,995	1,233	1,335	10,353[b]	11,928	14,640[b]	16,507
White Only	16,813[a]	18,425	943	930	9,368[a]	10,436	13,444[a]	14,652
Black Only	1,140[b]	1,870	223	320	601[b]	1,054	883[b]	1,414
American Indian or Alaska Native Only	*	140	*	25	*	110	72	99
Native Hawaiian or Other Pacific Islander	27	*	*	0	5	17	21	10
Asian Only	142	291	25	24	106	165	75	155
More Than One Race	213	250	16	36	169	146	146	176
Hispanic	1,367	1,335	173	213	807	761	977	1,009
ADULT EDUCATION								
<High School	3,017[a]	3,663	611	538	1,425	1,652	2,453	2,888
High School Graduate	6,354	6,924	501	547	2,936[a]	3,527	5,408	5,759
Some College	5,105[a]	5,844	236	308	2,989	3,458	4,164	4,734
College Graduate	5,377	5,899	58	155	3,811	4,052	3,592	4,134
CURRENT EMPLOYMENT[2]								
Full-Time	9,964	10,774	332	371	6,022	6,208	7,346	8,028
Part-Time	2,715	3,018	184	202	1,688	2,016	2,017	2,248
Unemployed	490[a]	738	39	76	313	401	351[a]	580
Other[3]	6,683[a]	7,800	851	899	3,137[b]	4,064	5,902	6,660

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Mental health treatment/counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for alcohol or drug use.
[2] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.
[3] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.35B)

Table H.79 *Percentages of Persons Aged 18 or Older* Receiving *Specific Types of Mental Health Treatment/Counseling* in the Past Year, by Demographic Characteristics: 2000 and 2001

Demographic Characteristic	Received Mental Health Treatment/Counseling[1]		TYPE OF MENTAL HEALTH TREATMENT/COUNSELING					
			Inpatient		Outpatient		Prescription Medication	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	9.9[b]	11.1	0.7	0.8	5.6[b]	6.3	7.8[b]	8.7
AGE								
18-25	8.4[b]	9.6	0.8	0.9	5.1[b]	6.0	5.8[b]	6.7
26-49	11.5	12.1	0.7	0.8	7.0	7.2	8.8	9.2
50 or Older	8.5[b]	10.3	0.7	0.6	3.9[b]	5.2	7.3[a]	8.7
GENDER								
Male	7.0[b]	8.2	0.6	0.7	3.9	4.5	5.1[b]	6.1
Female	12.6[a]	13.7	0.8	0.8	7.1[a]	7.9	10.3	11.0
HISPANIC ORIGIN AND RACE								
Not Hispanic	10.3[b]	11.6	0.7	0.7	5.8[b]	6.6	8.2[b]	9.1
White Only	11.4[a]	12.4	0.6	0.6	6.3[a]	7.0	9.1[a]	9.9
Black Only	5.2[b]	8.4	1.0	1.4	2.7[b]	4.8	4.0[b]	6.4
American Indian or Alaska Native Only	*	14.2	*	2.5	*	11.2	7.6	10.1
Native Hawaiian or Other Pacific Islander	5.6	*	*	0.0	1.0	2.8	4.3	1.7
Asian Only	2.1	4.1	0.4	0.3	1.6	2.3	1.1	2.2
More Than One Race	14.2	16.6	1.1	2.4	11.3	9.7	9.8	11.7
Hispanic	6.7	6.3	0.8	1.0	3.9	3.6	4.8	4.7
ADULT EDUCATION								
<High School	8.5[b]	10.6	1.7	1.6	4.0	4.8	6.9[a]	8.4
High School Graduate	9.5	10.6	0.7	0.8	4.4[a]	5.4	8.1	8.8
Some College	10.6	11.6	0.5	0.6	6.2	6.9	8.6	9.4
College Graduate	10.9	11.4	0.1	0.3	7.8	7.8	7.3	8.0
CURRENT EMPLOYMENT[2]								
Full-Time	8.6[a]	9.4	0.3	0.3	5.2	5.4	6.3[a]	7.0
Part-Time	11.5	12.0	0.8	0.8	7.2	8.0	8.6	9.0
Unemployed	12.7	13.8	1.0	1.4	8.1	7.5	9.1	10.8
Other[3]	11.8[a]	13.7	1.5	1.6	5.5[b]	7.1	10.4	11.7

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Mental health treatment/counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for alcohol or drug use.

[2] Estimates for 2000 and 2001 are based on a revised definition of employment and are not comparable with estimates by employment published in prior NHSDA reports.

[3] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.36B)

Table H.80 Percentages of *Persons Aged 18 or Older* Receiving *Specific Types of Mental Health Treatment/Counseling* in the Past Year, by *Geographic and Socioeconomic Characteristics*: 2000 and 2001

Geographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]		TYPE OF MENTAL HEALTH TREATMENT/COUNSELING					
			Inpatient		Outpatient		Prescription Medication	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	9.9[b]	11.1	0.7	0.8	5.6[b]	6.3	7.8[b]	8.7
GEOGRAPHIC DIVISION								
Northeast	10.5	11.2	0.6	0.7	6.4	7.1	7.9	8.3
Midwest	10.1[a]	11.5	0.7	0.7	6.1	6.4	7.9[b]	9.3
South	9.5[a]	10.8	0.8	1.0	4.7[a]	5.6	7.8	8.8
West	10.0	11.0	0.7	0.5	5.7	6.4	7.6	8.2
COUNTY TYPE								
Large Metro	9.9	10.4	0.8	0.6	5.8	6.5	7.5	7.7
Small Metro	10.3[b]	11.9	0.6[a]	1.0	5.6[a]	6.6	8.5	9.6
250K - 1 Mil. Pop.	10.6	11.8	0.6[a]	1.0	5.6	6.3	8.7	9.5
<250K Pop.	9.7[a]	12.2	0.5	0.9	5.7	7.6	7.9	9.8
Nonmetro	9.3[b]	11.3	0.7	0.8	4.9	5.3	7.6[b]	9.6
Urbanized	11.1	11.2	0.5	1.0	6.0	5.2	8.9	8.6
Less Urbanized	8.5[b]	11.2	0.9	0.8	4.2	5.2	7.0[b]	9.8
Completely Rural	8.7	11.9	0.5	0.9	5.6	5.6	7.2	10.6
FAMILY INCOME								
Less Than $20,000	12.2	13.9	1.5	1.9	5.9[a]	7.4	10.2	11.1
$20,000 - $49,999	9.2[a]	10.4	0.7	0.7	4.9[a]	5.7	7.5[a]	8.4
$50,000 - $74,999	9.1	10.2	0.4	0.4	5.9	5.7	6.7	7.8
$75,000 or More	9.8	10.4	0.1	0.2	6.4	6.8	7.1	7.8
GOVERNMENT ASSISTANCE[2]								
Yes	15.9	18.1	2.9	2.9	8.4[a]	10.7	13.6	14.4
No	9.1[b]	10.1	0.4	0.5	5.2[a]	5.7	7.0[b]	7.9

*Low precision; no estimate reported.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Mental health treatment/counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for alcohol or drug use.
[2] At least one family member received Supplemental Security Income (SSI), cash assistance or non-cash assistance (Temporary Assistance for Needy Families, TANF), or the family received food stamps.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.51A)

Table H.81 Estimated *Numbers* (in Thousands) of *Youths Aged 12 to 17* Receiving *Mental Health Treatment/Counseling* in the Past Year, by Age Group and Demographic Characteristics: 2000 and 2001

	Total		AGE GROUP (Years)					
			12-13		14-15		16-17	
Demographic Characteristic	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	3,386^{b}	4,302	1,064^{b}	1,449	1,227^{b}	1,495	1,096^{b}	1,358
GENDER								
Male	1,558^{b}	2,034	565^{b}	782	562^{b}	710	432^{b}	543
Female	1,828^{b}	2,267	499^{b}	667	665^{b}	785	664^{b}	815
HISPANIC ORIGIN AND RACE								
Not Hispanic	2,922^{b}	3,717	915^{b}	1,263	1,068^{b}	1,294	939^{b}	1,160
White Only	2,312^{b}	2,884	698^{b}	969	868^{b}	996	746^{b}	919
Black Only	464^{b}	619	177^{a}	238	149^{b}	226	138	155
American Indian or Alaska Native Only	26	38	*	*	*	*	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*	*
Asian Only	69	82	19	24	27	23	23	35
More Than One Race	43^{b}	88	6^{a}	16	14^{a}	35	*	36
Hispanic	465^{b}	585	148	186	159	201	157	198

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling for youths is defined as having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems NOT caused by alcohol or drug use. Youths who did not answer four or more of the source of treatment questions with a "yes" or "no" response were excluded from this analysis. See Table H.84 for a list of the 10 specific sources of treatment.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.51B)

Table H.82 **Percentages of *Youths Aged 12 to 17* Receiving *Mental Health Treatment/Counseling* in the Past Year, by Age Group and Demographic Characteristics: 2000 and 2001**

	Total		AGE GROUP (Years)					
			12-13		14-15		16-17	
Demographic Characteristic	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	14.6[b]	18.4	13.8[b]	18.9	15.3[b]	18.4	14.6[b]	17.7
GENDER								
Male	13.1[b]	17.0	14.2[b]	19.9	13.5[b]	17.2	11.5[a]	13.9
Female	16.1[b]	19.7	13.4[b]	17.9	17.2[a]	19.6	17.7[b]	21.7
HISPANIC ORIGIN AND RACE								
Not Hispanic	14.7[b]	18.5	13.9[b]	19.3	15.4[b]	18.6	14.6[b]	17.8
White Only	15.2[b]	18.9	13.9[b]	19.5	16.3[b]	18.8	15.3[b]	18.5
Black Only	14.0[b]	18.5	15.4[b]	20.8	13.8[b]	19.3	12.9	15.1
American Indian or Alaska Native Only	17.9	21.7	*	*	*	*	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*	*
Asian Only	8.3	9.8	7.7	9.9	9.1	8.0	8.1	11.4
More Than One Race	11.9[b]	22.4	5.1[a]	14.4	10.1[a]	23.5	*	28.3
Hispanic	14.1[b]	17.2	13.4	16.9	14.5	17.2	14.3	17.5

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling for youths is defined as having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems NOT caused by alcohol or drug use. Youths who did not answer four or more of the source of treatment questions with a "yes" or "no" response were excluded from this analysis. See Table H.84 for a list of the 10 specific sources of treatment.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.52B)

Table H.83 Percentages of *Youths Aged 12 to 17* Receiving *Mental Health Treatment/Counseling* in the Past Year, by Age Group, *Geographic and Socioeconomic Characteristics*: 2000 and 2001

Geographic/Socioeconomic Characteristic	Total		AGE GROUP (Years)					
			12-13		14-15		16-17	
	2000	2001	2000	2001	2000	2001	2000	2001
TOTAL	14.6[b]	18.4	13.8[b]	18.9	15.3[b]	18.4	14.6[b]	17.7
GEOGRAPHIC REGION								
Northeast	16.6[b]	21.2	15.2[b]	21.2	17.5[a]	21.8	17.1	20.3
Midwest	14.3[b]	17.6	12.9[b]	17.5	16.0	17.4	13.8[b]	17.9
South	14.0[b]	16.8	13.8[b]	17.7	14.9	17.1	13.3	15.7
West	14.2[b]	19.3	13.7[b]	20.5	13.6[b]	18.6	15.3[a]	18.9
COUNTY TYPE								
Large Metro	15.0[b]	19.2	13.7[b]	19.6	15.8[b]	19.2	15.4[b]	18.8
Small Metro	14.6[b]	18.6	14.7[b]	19.4	15.4	18.5	13.7[b]	18.0
250K - 1 Mil. Pop.	14.4[b]	19.1	14.7[b]	19.4	15.8[b]	19.7	12.6[b]	18.2
<250K Pop.	15.3	17.3	14.8	19.7	14.3	15.0	16.8	17.4
Nonmetro	13.6[b]	16.0	12.6[b]	16.5	14.1	16.3	14.0	15.2
Urbanized	14.2	16.9	13.8	16.3	15.3	17.2	13.4	17.2
Less Urbanized	13.1[a]	15.6	12.3[b]	17.2	14.0	15.9	13.0	13.9
Completely Rural	14.4	16.0	11.1	12.7	12.4	16.8	19.6	18.3
FAMILY INCOME								
Less Than $20,000	16.6[b]	20.6	15.2[b]	21.7	17.7	20.9	16.9	19.3
$20,000 - $49,999	15.0[b]	18.3	14.8[b]	19.2	15.2[b]	18.8	14.9	16.8
$50,000 - $74,999	13.2[b]	17.0	12.2[b]	17.6	14.5	15.0	12.8[b]	18.4
$75,000 or More	13.5[b]	18.0	12.4[b]	17.5	14.3[b]	18.8	13.8[a]	17.5
GOVERNMENT ASSISTANCE[1]								
Yes	18.8[b]	23.5	19.1[a]	24.3	18.9[a]	23.0	18.4[a]	23.3
No	13.8[b]	17.5	12.8[b]	18.0	14.7[b]	17.6	13.9[b]	16.8

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling for youths is defined as having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems NOT caused by alcohol or drug use. Youths who did not answer four or more of the source of treatment questions with a "yes" or "no" response were excluded from this analysis. See Table H.84 for a list of the 10 specific sources of treatment.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] At least one family member received Supplemental Security Income (SSI), cash assistance or non-cash assistance (Temporary Assistance for Needy Families, TANF), or the family received food stamps.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.55B)

Table H.84 **Percentages Reporting *Source of Mental Health Treatment/Counseling* in the Past Year among *Youths Aged 12 to 17* Receiving Mental Health Treatment/Counseling in the Past Year, by Age Group: 2000 and 2001**

			AGE GROUP (Years)					
	Total		12-13		14-15		16-17	
Source of Treatment/Counseling	**2000**	**2001**	**2000**	**2001**	**2000**	**2001**	**2000**	**2001**
Received treatment/counseling from any of following 10 sources[1]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private therapist, psychologist, psychiatrist, social worker, or counselor	46.9[a]	44.1	40.7	39.7	49.6	45.5	49.7	47.2
School counselors, school psychologists, or having regular meetings with teachers[2]	40.2[b]	46.5	41.8[b]	51.0	41.8	44.7	36.9[b]	43.7
Mental health clinic or center	12.1	11.3	10.4[a]	7.9	13.1	11.9	12.6	14.2
In-home therapist, counselor, or family preservation worker	13.6	13.6	13.4	12.4	14.7	15.7	12.4	12.7
Pediatrician or other family doctor	13.2	14.3	13.1	13.3	13.5	12.9	12.8[a]	16.9
Overnight or longer stay in any type of hospital	9.1	7.8	9.6[b]	6.0	9.6	8.4	8.2	8.8
Special education services while in a regular classroom or in a special classroom, a special program, or in a special school[2]	16.9[a]	19.7	17.7[a]	22.7	18.2	19.4	14.8	16.8
Partial day hospital or day treatment program	7.7	7.7	9.0	7.7	9.1	8.1	5.1	7.2
Overnight or longer stay in a residential treatment center	5.1	4.8	5.0	4.3	5.8	5.1	4.5	5.1
Overnight or longer stay in foster care or in a therapeutic foster care home	3.4	3.0	2.9	1.9	3.2	3.9	4.2	3.2

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling for youths is defined as having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems NOT caused by alcohol or drug use. Youths who did not answer four or more of the source of treatment questions with a "yes" or "no" response were excluded from this analysis.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Respondents were asked if they had received mental health treatment/counseling from each of these sources; thus, the response categories are not mutually exclusive.
[2] Respondents who did not report their school enrollment status or who reported not being enrolled in school in the past 12 months were not asked about receipt of treatment/counseling from this source.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

20823 (8.56B)

Table H.85 **Percentages Reporting *Reason for Mental Health Treatment/Counseling* in the Past Year among *Youths Aged 12 to 17* Receiving Mental Health Treatment/Counseling in the Past Year, by Age Group: 2000 and 2001**

	Total		AGE GROUP (Years)					
			12-13		14-15		16-17	
	2000	2001	2000	2001	2000	2001	2000	2001
Received treatment/counseling from any of 9 sources	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Reason for Treatment/Counseling[1]								
Thought about killing self or tried to kill self	15.6	16.6	10.4	13.0	17.4	18.1	18.3	18.5
Felt depressed	43.4	44.9	36.8	39.3	45.2	45.2	47.6	50.2
Felt very afraid or tense	13.3	14.9	10.9[a]	16.0	16.3	13.7	12.4	15.0
Breaking rules or "acting out"[2]	22.8	22.4	27.1	24.1	24.4	23.9	17.0	19.1
Eating problems	6.3	7.6	5.2	5.3	6.9	7.9	6.6[a]	9.6
Family/home problems[3]	12.9	12.9	13.5	13.5	12.4	13.7	13.1	11.6
Social/friend problems[3]	4.7[a]	6.3	5.6[a]	8.5	5.2	6.6	3.2	3.7
School-related issues[3]	8.0[b]	10.6	8.3[a]	12.0	8.4	10.8	7.3	9.0
Other reason/reasons	32.6	33.0	33.3	31.3	30.9	32.0	33.7	35.8

*Low precision; no estimate reported.

NOTE: Mental health treatment/counseling for youths is defined as having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems NOT caused by alcohol or drug use. Youths who did not answer four or more of the source of treatment questions with a "yes" or "no" response were excluded from this analysis. Youths who reported they received treatment/counseling from one specific source (special education services while in a regular or special classroom, a special program, or special school) were not asked for the reasons they received these services and are therefore not included in this table. See Table H.84 for a list of the 10 specific sources of treatment.

[a] Difference between estimate and 2001 estimate is statistically significant at the .05 level.

[b] Difference between estimate and 2001 estimate is statistically significant at the .01 level.

[1] Respondents were asked the reasons for the last time they received mental health treatment/counseling from each of their reported sources of treatment; thus, the response categories are not mutually exclusive.

[2] Includes other specify responses of "difficulty controlling anger or fighting."

[3] Respondents were permitted to specify other reasons for having received mental health treatment/counseling. This reason is one of the most commonly reported other reasons for having received treatment/counseling.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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D-3: Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network
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D-20: Emergency Dept. Trends From the Drug Abuse Warning Network, Preliminary Estimates Jan.-June 2001
D-21: Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1994 -2001

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S-3: Uniform Facility Data Set (UFDS): Data for 1996 and 1980-1996
S-4R: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1997
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National Household Survey on Drug Abuse:
Volume III. Detailed Tables

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Prevalence Estimates and Sample Sizes
and
Volume III-CDP
Standard Errors and P-Values

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Section 3: Risk and Protective Factor Tables - 3.1 to 3.67
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

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September 2002

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[1] Office of Applied Studies. (2002). *Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of national findings* (DHHS Publication No. SMA 02-3758, NHSDA Series H-17). Rockville, MD: Substance Abuse and Mental Health Services Administration.

[2] Office of Applied Studies. (2002). *Results from the 2001 National Household Survey on Drug Abuse: Volume II. Technical appendices and selected data tables* (DHHS Publication No. SMA 02-3759, NHSDA Series H-18). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Introduction

Results from the 2001 National Household Survey on Drug Abuse: Volume III, Detailed Tables is a collection of tables generated using data collected in the 2000 and 2001 National Household Surveys on Drug Abuse (NHSDAs). The majority of these tables are trend tables presenting estimates from the 2000 and 2001 NHSDAs. Select tables present only estimates from the 2001 NHSDA (if the same or comparable data are not available from the 2000 NHSDA). In addition, a select number of tables contain annual averages, which are generated by combining the 2000 and 2001 data (if there are not sufficient data within a single year to produce reliable estimates).

A subset of the Volume III tables is included in Volume II of this same report. Tables included in Volume II can be mapped back to these Volume III tables by using the table number reference included in parentheses in the upper left-hand corner of each table in Volume II (e.g., Table G.1 in Volume II is the equivalent of Table 7.1N in Volume III). A brief description of the sample design and estimation procedures used in the 2001 NHSDA can also be found in Volume II.

Table Numbering

The tables within this volume are numbered using a three-part numbering scheme (e.g., 1.15A). The first part of the table number (**1**.15A) is the subject matter section to which a particular table belongs. The second part (1.**15**A) is the actual number of a table within a particular section. The third part (1.15**A**) is a table type indicator, an alphabetic letter appended to the table number. There are multiple table types for each table number.

The eight subject matter sections and the number of tables per section are as follows:

Section 1: Illicit Drug Use Tables - 1.1 to 1.110
Section 2: Tobacco and Alcohol Use Tables - 2.1 to 2.111
Section 3: Risk and Protective Factor Tables - 3.1 to 3.67
Section 4: Incidence Tables - 4.1 to 4.19
Section 5: Dependence, Abuse, and Treatment Tables - 5.1 to 5.67
Section 6: Miscellaneous Tables - 6.1 to 6.83
Section 7: Sample Size and Population Tables - 7.1 to 7.16
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The table type indicators are defined as follows:

Table Type	Purpose of the Table
A:	Presents estimates of the numbers of persons who have used the drug(s) in the populations described by the column and row headings.
B:	Presents estimates of the percentages of persons who have used the drug(s) in the populations described by the column and row headings.
C:	Presents the standard error associated with each of the estimates in the "A" tables.
D:	Presents the standard error associated with each of the estimates in the "B" tables.
N:	Presents the number of cases in the specified NHSDA sample with the characteristics defined by the column and row headings.
P:	Presents the p-values from test of the statistical significance of differences between columns in "B" tables.

The majority of tables within the *Detailed Tables* contain five table types (A, B, C, D, and P) as defined above. Note that table type N is used exclusively within Section 7 to display the sample size counts. Exceptions to this organization are noted below:

- Section 4 (Incidence Tables) contains only table types A and C. Table type A contains numbers of initiates, mean age, and age specific rates. Table type C contains the associated standard errors for each of these estimates.
- Section 7 (Sample Size Tables) contains only table types A, C, and N. Population counts, standard errors, and sample sizes are displayed in table types A, C, and N, respectively. Percentages of the population and associated standard error tables are not provided in this section.
- Selected table sets within Section 1 (Illicit Drug Use Tables), Section 2 (Tobacco and Alcohol Use Tables), Section 3 (Risk and Protective Factor Tables), Section 6 (Miscellaneous Tables), and Section 8 (Mental Health Tables) include only table types A, B, C, and D. Selected tables within these sections either present estimates for the 2001 NHSDA only, or contain annual average estimates for 2000 and 2001 NHSDA data combined. In both cases, these select tables are not trend tables; thus, significance tests between 2000 and 2001 estimates are not relevant, and table type P is not applicable.

Table Organization

The *Volume III Detailed Tables* is organized by table type into two subvolumes as follows:

Volume III-ABN: Prevalence Estimates and Sample Sizes - Table Types A, B, and N
Volume III-CDP: Standard Errors and P-Values - Table Types C, D, and P

Both subvolumes are organized into four parts based on subject matter sections. (Note that for easy reference, the sample size tables are included in each part.) The sections included in each part are provided in the indexes for the part, which are presented on the following pages.

Locating a Table

For each of the four parts of tables within the two subvolumes (Volume III-ABN and Volume III-CDP) of the *Detailed Tables*, the following have been provided to assist users in locating a specific table of interest:

- a list of tables,
- a key to selected variables, and
- a table index for each subject matter section.

The list of tables can be used to identify a specific table for one of the subject matter sections. The key to selected variables defines selected demographic variables used in the table indexes. This may be helpful when used in conjunction with the table indexes in identifying tables that contain information for these selected demographic characteristics. The table indexes summarize the information contained in each table in tabular form and can be used to determine tables categorized by content area, age groupings, racial/ethnic characteristics, demographic characteristics, and geographic characteristics. (Note: Due to space restrictions, neither the section indicator nor the table type indicator component of the table numbers is used in the index.)

The examples below illustrate the various methods available to the user interested in locating a table containing specific information.

Using the List of Tables. A user interested in information about the prevalence of past month illicit drug use among youths aged 12 to 17 would review the list of tables in Section 1: Illicit Drug Use Tables and identify Table 1.2B as the table of interest.

Using the Key to Selected Variables and Table Indexes. Another method for locating this table (which shows the prevalence of past month illicit drug use among youths aged 12 to 17) would be to use the key to selected variables in conjunction with the table indexes. By first becoming familiar with the terms in the key to selected variables, the user can identify that youths aged 12 to 17 is the first age group under the heading "Standard Age Groups." Thus, when the table indexes are referenced, it will be clear to the user that age groups, such as youths 12 to 17, as well as other demographic information defined in this key to selected variables, will not be explicitly listed.

Next, a user can determine, by looking at the titles of the sections, that tables pertaining to illicit drug use can be found in the Section 1: Illicit Drug Use Tables. Once the user has identified the index for the Section 1 tables, he or she can scan the column headings to learn that the first two columns, "Use of Specific Illicit Drugs" and "Any Illicit Drug Use," are the most appropriate.

By referencing the first footnote on the Index of Section 1 Tables, the user can determine that the first column includes tables that represent separate estimates and percentages for each illicit drug, while the latter includes tables that represent use of any illicit drug crossed with some other characteristic (thus, the first column is the column of interest for the example). The user must next find the row for "Standard Age Groups" and identify the tables within the cell at the intersection of this desired row and the first column. Note, there are multiple tables in this cell, including (2-4) and (14-17). As indicated by the note on each table index, the parentheses around these numbers are used to indicate that the specified tables contain estimates for some subset of the information listed in the row heading. Thus, Table 1.2 contains estimates only for youths aged 12 to 17, Table 1.3 contains estimates only for persons aged 18 to 25, and Table 1.4 contains estimates only for persons aged 26 or older.

Finally, using either of the previously described methods for locating a table or by perusing the tables themselves, the user can identify that Table 1.2B contains the desired prevalence information.

Accessing a Table Electronically

Once a desired table is identified (see **Locating a Table**), an electronic version of that table may be accessed on the SAMHSA website.

Using Links Within the Indexes of Parts. Each subvolume (Volume III-ABN and Volume III-CDP) of the *Detailed Tables* has been divided into four parts (see the following pages). Within each part, the tables have been placed in groups based on content. The indexes of parts can be used to identify the group of tables in which the desired table is likely to be located. Clicking on the appropriate ABN or CDP link will take the user directly to the first table in the specified group where the user can then scroll through the tables to locate the table of interest.

Using Links Within the List of Tables. Once a user has identified a table of interest, the list of tables can be used to directly access each desired table. Simply clicking on the desired title will take the user directly to that table.

Please note that regardless of which link is used to access a table (index of parts or list of tables), only the tables within the same group as the one accessed will appear in the user window. In addition, once a group of ABN tables is accessed, there is no direct link to the corresponding CDP tables (and vice versa). If the user wishes to see a table NOT included in the current group, or to see the corresponding ABN or CDP tables, it will be necessary to (a) click on the new group that contains the new table of interest, or (b) click on the appropriate table in the list of tables.

Index of Part 1 Tables

	Table Number	**Table Type**	
PART 1: **Illicit Drug Use Tables** **Sample Size and Population Tables**	**1.1 to 1.110** **7.1 to 7.16**	**Prevalence Estimates and Sample Sizes**	**Standard Errors and P-Values**
Illicit Drug Use Tables	**1.1 to 1.110**		
Lifetime, past year, and past month illicit drug use by selected age groups and gender	1.1 to 1.18	ABN	CDP
Selected illicit drugs by detailed age	1.19 to 1.25	ABN	CDP
Selected illicit drugs by demographic characteristics	**1.26 to 1.60**		
Any illicit drug	1.26 to 1.30	ABN	CDP
Marijuana	1.31 to 1.35	ABN	CDP
Cocaine	1.36 to 1.40	ABN	CDP
Hallucinogens	1.41 to 1.45	ABN	CDP
Inhalants	1.46 to 1.50	ABN	CDP
Nonmedical use of any psychotherapeutic	1.51 to 1.55	ABN	CDP
Any illicit drug other than marijuana	1.56 to 1.60	ABN	CDP
Selected illicit drugs by racial/ethic subgroups	1.61 to 1.70	ABN	CDP
Selected illicit drugs by geographic characteristics	**1.71 to 1.105**		
Any illicit drug	1.71 to 1.75	ABN	CDP
Marijuana	1.76 to 1.80	ABN	CDP
Cocaine	1.81 to 1.85	ABN	CDP
Hallucinogens	1.86 to 1.90	ABN	CDP
Inhalants	1.91 to 1.95	ABN	CDP
Nonmedical use of any psychotherapeutic	1.96 to 1.100	ABN	CDP
Any illicit drug other than marijuana	1.101 to 1.105	ABN	CDP
Specific hallucinogen, inhalant, needle, heroin, pain reliever, tranquilizer, stimulant, and sedative use by age groups	1.106 to 1.110	ABN	CDP
Sample Size and Population Tables	**7.1 to 7.16**	**ABN**	**CDP**

Index of Part 2 Tables

	Table Number	Table Type	
PART 2: **Tobacco and Alcohol Use Tables** **Sample Size and Population Tables**	**2.1 to 2.111** **7.1 to 7.16**	**Prevalence Estimates and Sample Sizes**	**Standard Errors and P-Values**
Tobacco and Alcohol Use Tables	**2.1 to 2.111**		
Lifetime, past year, and past month tobacco and alcohol use by selected age groups and gender	2.1 to 2.18	ABN	CDP
Selected tobacco and alcohol use by detailed age	2.19 to 2.24	ABN	CDP
Selected tobacco and alcohol use by demographic characteristics	**2.25 to 2.54**		
Any tobacco	2.25 to 2.29	ABN	CDP
Cigarettes	2.30 to 2.34	ABN	CDP
Smokeless tobacco	2.35 to 2.39	ABN	CDP
Cigars	2.40 to 2.44	ABN	CDP
Alcohol use	2.45 to 2.54	ABN	CDP
Selected tobacco and alcohol use by racial/ethnic subgroups	2.55 to 2.69	ABN	CDP
Selected tobacco and alcohol use by geographic characteristics	**2.70 to 2.99**		
Any tobacco	2.70 to 2.74	ABN	CDP
Cigarettes	2.75 to 2.79	ABN	CDP
Smokeless tobacco	2.80 to 2.84	ABN	CDP
Cigars	2.85 to 2.89	ABN	CDP
Alcohol use	2.90 to 2.99	ABN	CDP
Alcohol use by underage and legal drinkers	2.100 to 2.111	ABN	CDP
Sample Size and Population Tables	**7.1 to 7.16**	**ABN**	**CDP**

Index of Part 3 Tables

PART 3:	Table Number	Table Type	
Risk and Protective Factor Tables **Incidence Tables** **Dependence, Abuse, and Treatment Tables** **Sample Size and Population Tables**	**3.1 to 3.67** **4.1 to 4.19** **5.1 to 5.67** **7.1 to 7.16**	**Prevalence Estimates and Sample Sizes**	**Standard Errors and P-Values**
Risk and Protective Factor Tables	**3.1 to 3.67**		
Perceived risk and availability of drugs	**3.1 to 3.17**		
Perceived risk of drugs	3.1 to 3.12	ABN	CDP
Perceived availability of drugs	3.13 to 3.17	ABN	CDP
Neighborhood characteristics	3.18 to 3.19	ABN	CDP
Parental disapproval	3.20 to 3.22, 3.62	ABN	CDP
Fighting and criminal activity	3.23 to 3.28	ABN	CDP
Peer disapproval	3.29 to 3.31, 3.63	ABN	CDP
Prevention programs/drug messages/youth activities	3.32 to 3.40	ABN	CDP
Religious involvement	3.41 to 3.44	ABN	CDP
Youth's feelings about school	3.45 to 3.49	ABN	CDP
Peer substance use	3.50 to 3.53	ABN	CDP
Parental involvement	3.54 to 3.61	ABN	CDP
Close friend's disapproval	3.64 to 3.67	ABN	CDP
Incidence Tables	**4.1 to 4.19**	**ABN**	**CDP**
Dependence, Abuse, and Treatment Tables	**5.1 to 5.67**		
Dependence	5.1 to 5.12	ABN	CDP
Abuse	5.13 to 5.24	ABN	CDP
Dependence or abuse	5.25 to 5.36	ABN	CDP
Dependence and abuse	5.66	ABN	CDP
Receipt of substance abuse treatment	5.37 to 5.47	ABN	CDP
Needed and received treatment for illicit drug problem	5.48 to 5.58	ABN	CDP
Needed but did not receive treatment for illicit drug problem	5.67	ABN	CDP
Specific substance for last or current treatment	5.59	ABN	CDP
Source of payment	5.60 to 5.62	ABN	CDP
Location of treatment	5.63 to 5.65	ABN	CDP
Sample Size and Population Tables	**7.1 to 7.16**	**ABN**	**CDP**

Index of Part 4 Tables

	Table Number	Table Type	
PART 4: **Miscellaneous Tables** **Mental Health Tables** **Sample Size and Population Tables**	 **6.1 to 6.83** **8.1 to 8.56** **7.1 to 7.16**	**Prevalence Estimates and Sample Sizes**	**Standard Errors and P-Values**
Miscellaneous Tables	**6.1 to 6.83**		
Frequency of use	6.1 to 6.6	ABN	CDP
Illicit drugs by cigarette use	6.7 to 6.10	ABN	CDP
Illicit drugs by alcohol use	6.11 to 6.14	ABN	CDP
Tobacco or alcohol by cigarette use	6.15 to 6.18	ABN	CDP
Tobacco by alcohol use	6.19 to 6.22	ABN	CDP
Pregnancy	6.23 to 6.30	ABN	CDP
College enrollment	6.31 to 6.42	ABN	CDP
Substance dependence by age of first use and demographic characteristics	6.43 to 6.48	ABN	CDP
Tobacco brands	6.49 to 6.58	ABN	CDP
Source of cigarettes	6.59	ABN	CDP
Driving under the influence	6.60 to 6.63	ABN	CDP
Probation	6.64 to 6.66	ABN	CDP
Parole/supervised release	6.67 to 6.69	ABN	CDP
Government assistance programs	6.70 to 6.79	ABN	CDP
Specialty cigarettes	6.80 to 6.83	ABN	CDP
Mental Health Tables	**8.1 to 8.56**		
Serious Mental Illness	8.1 to 8.34	ABN	CDP
Adult Mental Health Treatment/Counseling	8.35 to 8.40	ABN	CDP
Substance Use by Adult Mental Health Treatment/Counseling	8.41 to 8.50	ABN	CDP
Adolescent Mental Health Treatment/Counseling	8.51 to 8.56	ABN	CDP
Sample Size and Population Tables	**7.1 to 7.16**	**ABN**	**CDP**

Key to Selected Variables

Age Categories (in Years):

Standard Age Groups: 12-17, 18-25, 26 or Older.

7 Detailed Age Categories: 12-13, 14-15, 16-17, 18-20, 21-25, 26-34, 35 or Older.

23 Detailed Age Categories: 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 or Older.

Racial/Ethnic Characteristics:

Hispanic Origin and Race: Not Hispanic White, Not Hispanic Black, Not Hispanic American Indian or Alaska Native, Not Hispanic Native Hawaiian or Other Pacific Islander, Not Hispanic Asian, Not Hispanic More Than One Race, or Hispanic.

Racial/Ethnic Subgroups: Not Hispanic - White, Black, American Indian or Alaska Native, Native Hawaiian, Other Pacific Islander, Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese.

Hispanic - Mexican, Puerto Rican, Central or South American, or Cuban.

Gender/Race/Hispanic Origin: White Male, White Female, Black Male, Black Female, Hispanic Male, Hispanic Female.

Other Demographic Characteristics:

Adult Education: Less Than High School, High School Graduate, Some College, College Graduate.

Current Employment: Full-Time, Part-Time, Unemployed, Other.

Geographic Characteristics:

Region: Northeast, Midwest, South, West.

Division: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, Pacific.

County Type: Large Metro counties; Small Metro counties, including counties with population of 250,000 up to 1 million, and counties with population of less than 250,000; Nonmetro, including urbanized counties, less urbanized counties, or completely rural counties.

Index of Section 1 Tables: Illicit Drug Use

Cell entries in this index refer to the tables in Section 1 numbered 1.1 to 1.110.

Characteristic	Use of Specific Illicit Drugs[1]			Any Illicit Drug Use			Marijuana Use			Cocaine Use		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
All Persons Aged 12 or Older	1	1	1	19, 26, 61, 71	19, 26, 61, 71	19, 26, 61, 71	20, 31, 66, 76	20, 31, 66, 76	20, 31, 66, 76	21, 36, 81	21, 36, 81	21, 36, 81
All Persons Aged 18 or Older	18	18	18	30, 65, 75	30, 65, 75	30, 65, 75	35, 70, 80	35, 70, 80	35, 70, 80	40, 85	40, 85	40, 85
Standard Age Groups (in Years)	(2-4), (14-17)	(2-4), (14-17)	(2-4), (14-17)	26, (27-29), (62-64), (72-74)	26, (27-29), (62-64), (72-74)	26, (27-29), (62-64), (72-74)	31, (32-34), (67-69), (77-79)	31, (32-34), (67-69), (77-79)	31, (32-34), (67-69), (77-79)	36, (37-39), (82-84)	36, (37-39), (82-84)	36, (37-39), (82-84)
7 Detailed Age Categories	(5-11)	(5-11)	(5-11)									
23 Detailed Age Categories				19	19	19	20	20	20	21	21	21
Gender	(12-13), (14-17)	(12-13), (14-17)	(12-13), (14-17)	26-30	26-30	26-30	31-35	31-35	31-35	36-40	36-40	36-40
Hispanic Origin and Race				26-30	26-30	26-30	31-35	31-35	31-35	36-40	36-40	36-40
Gender/Race/Hispanic Origin				27	27	27	32	32	32	37	37	37
Racial/Ethnic Subgroups				61-65	61-65	61-65	66-70	66-70	66-70			
Adult Education				28-30	28-30	28-30	33-35	33-35	33-35	38-40	38-40	38-40
Current Employment				28-30	28-30	28-30	33-35	33-35	33-35	38-40	38-40	38-40
Geographic Characteristics				71-75	71-75	71-75	76-80	76-80	76-80	81-85	81-85	81-85

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

[1] Tables indexed in this column present estimates for all NHSDA drugs and drug categories. See Table 1.1 for a complete listing of the specific drugs and classes of drugs.

Index of Section 1 Tables: Illicit Drug Use (continued)

Cell entries in this index refer to the tables in Section 1 numbered 1.1 to 1.110.

	Hallucinogen Use			Inhalant Use			Nonmedical Use of Any Prescription-Type Psychotherapeutic			Use of Any Illicit Drug Other Than Marijuana		
Characteristic	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
All Persons Aged 12 or Older	22, 41, 86, 106	22, 41, 86	22, 41, 86	23, 46, 91, 106	23, 46, 91	23, 46, 91	24, 51, 96	24, 51, 96	24, 51, 96	25, 56, 101	25, 56, 101	25, 56, 101
All Persons Aged 18 or Older	45, 90	45, 90	45, 90	50, 95	50, 95	50, 95	55, 100	55, 100	55, 100	60, 105	60, 105	60, 105
Standard Age Groups (in Years)	41, (42-44), (87-89), 106	41, (42-44), (87-89)	41, (42-44), (87-89)	46, (47-49), (92-94), 106	46, (47-49), (92-94)	46, (47-49), (92-94)	51, (52-54), (97-99)	51, (52-54), (97-99)	51, (52-54), (97-99)	56, (57-59), (102-104)	56, (57-59), (102-104)	56, (57-59), (102-104)
7 Detailed Age Categories												
23 Detailed Age Categories	22	22	22	23	23	23	24	24	24	25	25	25
Gender	41-45	41-45	41-45	46-50	46-50	46-50	51-55	51-55	51-55	56-60	56-60	56-60
Hispanic Origin and Race	41-45	41-45	41-45	46-50	46-50	46-50	51-55	51-55	51-55	56-60	56-60	56-60
Gender/Race/Hispanic Origin	42	42	42	47	47	47	52	52	52	57	57	57
Racial/Ethnic Subgroups												
Adult Education	43-45	43-45	43-45	48-50	48-50	48-50	53-55	53-55	53-55	58-60	58-60	58-60
Current Employment	43-45	43-45	43-45	48-50	48-50	48-50	53-55	53-55	53-55	58-60	58-60	58-60
Geographic Characteristics	86-90	86-90	86-90	91-95	91-95	91-95	96-100	96-100	96-100	101-105	101-105	101-105

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 1 Tables: Illicit Drug Use (continued)

Cell entries in this index refer to the tables in Section 1 numbered 1.1 to 1.110.

Characteristic	Use of Specific Hallucinogens and Inhalants	Use of Specific Pain Relievers	Use of Specific Tranquilizers	Use of Specific Stimulants	Use of Specific Sedatives	Methods of Administration[1]
	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	
All Persons Aged 12 or Older	106	107	108	109	110	106
All Persons Aged 18 or Older						
Standard Age Groups (in Years)	106	107	108	109	110	106
7 Detailed Age Categories						
23 Detailed Age Categories						
Gender						
Hispanic Origin and Race						
Gender/Race/Hispanic Origin						
Racial/Ethnic Subgroups						
Adult Education						
Current Employment						
Geographic Characteristics						

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

[1] The methods of administration include needle use, and smoking or sniffing heroin.

Index of Section 2 Tables: Tobacco and Alcohol Use

Cell entries in this index refer to the tables in Section 2 numbered 2.1 to 2.111.

Characteristic	Use of Specific Tobacco and Alcohol[1]			Use of Any Tobacco Product			Cigarette Use			Smokeless Tobacco Use		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
All Persons Aged 12 or Older	1	1	1	19, 25, 70	19, 25, 70	19, 25, 70	20, 30, 55, 75	20, 30, 55, 75	20, 30, 55, 75	21, 35, 80	21, 35, 80	21, 35, 80
All Persons Aged 18 or Older	18	18	18	29, 74	29, 74	29, 74	34, 59, 79	34, 59, 79	34, 59, 79	39, 84	39, 84	39, 84
All Persons Aged 12 to 20												
All Persons Aged 21 or Older												
Standard Age Groups (in Years)	(2-4), (14-17)	(2-4), (14-17)	(2-4), (14-17)	25, (26-28), (71-73)	25, (26-28), (71-73)	25, (26-28), (71-73)	30, (31-33), (56-58), (76-78)	30, (31-33), (56-58), (76-78)	30, (31-33), (56-58), (76-78)	35, (36-38), (81-83)	35, (36-38), (81-83)	35, (36-38), (81-83)
7 Detailed Age Categories	(5-11)	(5-11)	(5-11)									
23 Detailed Age Categories				19	19	19	20	20	20	21	21	21
Gender	(12-13), (14-17)	(12-13), (14-17)	(12-13), (14-17)	25-29	25-29	25-29	30-34	30-34	30-34	35-39	35-39	35-39
Hispanic Origin and Race				25-29	25-29	25-29	30-34	30-34	30-34	35-39	35-39	35-39
Gender/Race/Hispanic Origin				26	26	26	31	31	31	36	36	36
Racial/Ethnic Subgroups							55-59	55-59	55-59			
Adult Education				27-29	27-29	27-29	32-34	32-34	32-34	37-39	37-39	37-39
Current Employment				27-29	27-29	27-29	32-34	32-34	32-34	37-39	37-39	37-39
Geographic Characteristics				70-74	70-74	70-74	75-79	75-79	75-79	80-84	80-84	80-84

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

[1] Tables indexed in this column present estimates for all NHSDA tobacco and alcohol categories. See Table 2.1 for a complete listing of all the tobacco and alcohol types.

Index of Section 2 Tables: Tobacco and Alcohol Use (continued)

Cell entries in this index refer to the tables in Section 2 numbered 2.1 to 2.111.

Characteristic	Cigar Use			Any Alcohol Use			"Binge" Alcohol Use	Heavy Alcohol Use
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Past Month Only	
All Persons Aged 12 or Older	22, 40, 85	22, 40, 85	22, 40, 85	23, 45, 60, 90	23, 45, 60, 90	23, 24, 45, 50, 60, 65, 90, 95	24, 50, 65, 95	24, 50, 65, 95
All Persons Aged 18 or Older	44, 89	44, 89	44, 89	49, 64, 94	49, 64, 94	49, 54, 64, 69, 94, 99	54, 69, 99	54, 69, 99
All Persons Aged 12 to 20				100,104, 108	100, 104, 108	100, 102, 104, 106,108,110	102, 106,110	102, 106,110
All Persons Aged 21 or Older				101, 105,109	101, 105,109	101, 103, 105, 107,109,111	103, 107,111	103, 107,111
Standard Age Groups (in Years)	40, (41-43), (86-88)	40, (41-43), (86-88)	40, (41-43), (86-88)	45, (46-48), (61-63), (91-93)	45, (46-48), (61-63), (91-93)	45, (46-48), 50, (51-53), (61-63), (66-68), (91-93), (96-98)	50, (51-53), (66-68), (96-98)	50, (51-53), (66-68), (96-98)
7 Detailed Age Categories								
23 Detailed Age Categories	22	22	22	23	23	23, 24	24	24
Gender	40-44	40-44	40-44	45-49 100-101	45-49 100-101	45-49, 50-54, 100-101, 102-103	50-54, 102-103	50-54 102-103
Hispanic Origin and Race	40-44	40-44	40-44	45-49 100-101	45-49 100-101	45-49, 50-54, 100-101, 102-103	50-54, 102-103	50-54 102-103
Gender/Race/Hispanic Origin	41	41	41	46, 100-101	46, 100-101	46, 51, 100-101, 102-103	51, 102-103	51, 102-103
Racial/Ethnic Subgroups				60-64, 104-105	60-64, 104-105	60-64, 65-69, 104-105, 106-107	65-69, 106-107	65-69, 106-107
Adult Education	42-44	42-44	42-44	47-49	47-49	47-49, 52-54	52-54	52-54
Current Employment	42-44	42-44	42-44	47-49	47-49	47-49, 52-54	52-54	52-54
Geographic Characteristics	85-89	85-89	85-89	90-94, 108-109	90-94, 108-109	90-94, 95-99, 108-109, 110-111	95-99, 110-111	95-99, 110-111

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 3 Tables: Risk and Protective Factors

Cell entries in this index refer to the tables in Section 3 numbered 3.1 to 3.67

Risk and Protective Factors	Persons Aged 12 or Older and Standard Age Groups	Demographic Characteristics and Drug Use for Persons Aged 12 to 17[1]
Perceptions of Risk		
Smoking One or More Packs of Cigarettes Per Day	1	2
Smoking Marijuana Once a Month	1	3
Smoking Marijuana Once or Twice a Week	1	4
Using Cocaine Once a Month	1	5
Using Cocaine Once or Twice a Week	1	6
Trying Heroin Once or Twice	1	7
Using Heroin Once or Twice a Week	1	8
Trying LSD Once or Twice	1	9
Using LSD Once or Twice a Week	1	10
Having 4 or 5 Drinks of an Alcoholic Beverage Nearly Every Day	1	11
Having 5 or More Drinks of an Alcoholic Beverage Once or Twice a Week	1	12
Ease of Obtaining...		
Marijuana	1	13
Cocaine	1	14
Crack	1	15
Heroin	1	16
LSD	1	17
Approached in Past Month by Someone Selling Drugs	1	18

[1] Tables indexed in this column present estimates for demographic and geographic characteristics, including age, gender, Hispanic origin and race, and county type. Also included in these tables are estimates for lifetime, past year, and past month use of any illicit drug, marijuana, any illicit drug other than marijuana, cigarettes, alcohol, and "binge" alcohol.

Index of Section 3 Tables: Risk and Protective Factors (continued)

Cell entries in this index refer to the tables in Section 3 numbered 3.1 to 3.67.

Risk and Protective Factors	Demographic Characteristics and Drug Use for Persons Aged 12 to 17[1]
Percentages of Persons Aged 12 to 17 Reporting...	
The Number of Times They Have Moved in the Past 5 Years	19
Percentages of Persons Aged 12 to 17 Reporting How They Think Their Parents Would Feel About...	
Their Smoking One or More Packs of Cigarettes per Day	20
Their Trying Marijuana or Hashish Once or Twice	21
Their Using Marijuana/Hashish Once a Month or More	62
Their Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day	22
Percentages of Persons Aged 12 to 17 Reporting How Many Times in the Past Year...	
They Had Gotten into a Serious Fight at School or at Work	23
They Had Taken Part in a Group-Against-Group Fight	24
They Had Carried a Handgun	25
They Had Sold Illegal Drugs	26
They Had Stolen or Tried to Steal Something Worth More Than $50	27
They Had Attacked Someone with the Intent to Seriously Hurt Them	28
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[1] Tables indexed in this column present estimates for demographic and geographic characteristics, including age, gender, Hispanic origin and race, and county type. Also included in these tables are estimates for lifetime, past year, and past month use of any illicit drug, marijuana, any illicit drug other than marijuana, cigarettes, alcohol, and "binge" alcohol.

Index of Section 3 Tables: Risk and Protective Factors (continued)

Cell entries in this index refer to the tables in Section 3 numbered 3.1 to 3.67.

Risk and Protective Factors	Demographic Characteristics and Drug Use for Persons Aged 12 to 17[1]
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Percentages of Persons Aged 12 to 17 Reporting....	
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Parents Let Them Know They Had Done a Good Job	59
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The Number of Times They Argued or Had a Fight with at Least One Parent	61
Close Friends' Feelings About Their Smoking Cigarettes	64
Close Friends' Feelings About Their Trying Marijuana/Hashish	65
Close Friends' Feelings About Their Using Marijuana/Hashish	66
Close Friends' Feelings About Their Drinking Alcoholic Beverages	67

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[1] Tables indexed in this column present estimates for demographic and geographic characteristics, including age, gender, Hispanic origin and race, and county type. Also included in these tables are estimates for lifetime, past year, and past month use of any illicit drug, marijuana, any illicit drug other than marijuana, cigarettes, alcohol, and "binge" alcohol.

Index of Section 4 Tables: Incidence

Cell entries in this index refer to the tables in Section 4 numbered 4.1 to 4.19.

Drug	**Incidence Table**
Marijuana	1
Cocaine	2
Crack	3
Heroin	4
Hallucinogens	5
LSD	6
PCP	7
Ecstasy	8
Inhalants	9
Pain Relievers	10
Tranquilizers	11
Stimulants	12
Methamphetamines	13
Sedatives	14
Alcohol	15
Any Cigarette Use	16
Daily Cigarette Use	17
Smokeless Tobacco	18
Cigars	19

NOTE: Incidence tables include estimates for each year from 1965 through 2000 of the number of initiates (in thousands) by age group, mean age of first use, and age-specific rates of first use.

Index of Section 5 Tables: Dependence, Abuse, and Treatment

Cell entries in this index refer to the tables in Section 5 numbered 5.1 to 5.67.

Characteristic	Past Year Dependence		Past Year Abuse	
	Specific Substances[1]	Any Illicit Drug or Alcohol	Specific Substances[1]	Any Illicit Drug or Alcohol
All Persons Aged 12 or Older	1, 25	2, 3, 8, 26, 27, 32, 66	13, 25	14, 15, 20, 26, 27, 32, 66
All Persons Aged 18 or Older		7, 12, 31, 36		19, 24, 31, 36
Standard Age Groups (in Years)	1, 25	3, (4-6), (9-11), 27, (28-30), (33-35)	13, 25	15, (16-18), (21-23), 27, (28-30), (33-35)
23 Detailed Age Categories		2, 26		14, 26
Gender		3-7, 27-31		15-19, 27-31
Hispanic Origin and Race		3-7, 27-31		15-19, 27-31
Gender/Race/Hispanic Origin		4, 28		16, 28
Adult Education		5-7, 29-31		17-19, 29-31
Current Employment		5-7, 29-31		17-19, 29-31
Geographic Characteristics		8-12, 32-36		20-24, 32-36

Characteristic	Past Year Treatment			
	Received (Alcohol and/or Illicit Drug)[2]	Needed and Received (Illicit Drug)[3]	Source of Payment	Specific Locations
All Persons Aged 12 or Older	37, 38, 43, 59	48, 49, 54	60-62	63-65
All Persons Aged 18 or Older	42, 47	53, 58		
Standard Age Groups (in Years)	38, (39-41), (44-46), 59	49, (50-52), (55-57), 67	60-62	63-65
23 Detailed Age Categories	37	48		
Gender	38-42	49-53, 67		
Hispanic Origin and Race	38-42	49-53		
Gender/Race/Hispanic Origin	39	50		
Adult Education	40-42	51-53		
Current Employment	40-42	51-53		
Geographic Characteristics	43-47	54-58		

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

[1] Tables indexed in this column present estimates of specific NHSDA drug and alcohol categories. See Table 5.1, 5.13, or 5.25 for a complete listing of all the drugs, alcohol, and drug/alcohol combinations.

[2] Tables indexed in this column present estimates for receiving treatment for any illicit drug use, alcohol use, both any illicit drug and alcohol use, as well as receiving treatment for any illicit drug or alcohol use.

[3] Tables indexed in this column present estimates for needing treatment for an illicit drug problem, receiving treatment at a specialty facility, and treatment gap.

Index of Section 6 Tables: Miscellaneous

Cell entries in this index refer to the tables in Section 6 numbered 6.1 to 6.83.

	Use of Specific Illicit Drugs[1]	Use of Specific Tobacco and Alcohol[2]	Any Illicit Drug Use					Any Illicit Drug Other Than Marijuana Use
Characteristic	Past Month	Past Month	Past Year	Past Month	Dependence	Abuse	Drove Under the Influence	Past Year
All Persons Aged 12 or Older	7, 11	15, 19	70, 72, 74, 76, 78				60, 61	70, 72, 74, 76, 78
All Persons Aged 18 or Older	64, 67			66, 69	43, 47	45, 47	62, 63	
Standard Age Groups (in Years)	(8-10), (12-14)	(16-18), (20-22)	70, 72, 74,76, 78	(66), (69)	(43), (47)	(45), (47)	61	70, 72, 74, 76, 78
23 Detailed Age Categories							60	
Gender	(23), (32-33)	(26), (37-38)		(24), 34, 66, 69	43, 47	45, 47	61-62	
Hispanic Origin and Race				24, 34	(43), (47)	(45), (47)	62-63	
Adult Education & Current Employment					(43), (47)	(45), (47)	62	
Geographic Characteristics							63	
Level of Cigarette Use	7-10	15-18						
Level of Alcohol Use	11-14	19-22						
Age First Used Marijuana					43, 47	45, 47		
Age First Used Alcohol								
Pregnancy	23	26		24				
College Enrollment	31-33	36-38		34				
Probation	64-65			66				
Parole/Supervised Release	67-68			69				
Government Assistance Programs			70					70
Supplemental Security Income (SSI)			72					72
Food Stamps			74					74
Cash Assistance			76					76
Noncash Assistance			78					78

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

[1] Tables indexed in this column present estimates for all NHSDA drugs and drug categories. See Table 6.7 for a complete listing of the specific drugs and classes of drugs.

[2] Tables indexed in this column present estimates for all NHSDA tobacco and alcohol categories. See table 6.15 for a complete listing of all the tobacco and alcohol types.

Index of Section 6 Tables: Miscellaneous (continued)

Cell entries in this index refer to the tables in Section 6 numbered 6.1 to 6.83.

Characteristic	Marijuana Use			Cocaine Use	Hallucinogen Use	Inhalant Use
	Past Year	Past Month	Frequency of Use	Frequency of Use	Frequency of Use	Frequency of Use
All Persons Aged 12 or Older	70, 72, 74, 76, 78					
All Persons Aged 18 or Older						
Standard Age Groups (in Years)	70, 72, 74, 76, 78		1	2	3	4
23 Detailed Age Categories						
Gender		(25), 35				
Hispanic Origin and Race		25, 35				
Adult Education & Current Employment						
Geographic Characteristics						
Level of Cigarette Use						
Level of Alcohol Use						
Age First Used Marijuana						
Age First Used Alcohol						
Pregnancy		25				
College Enrollment		35				
Probation						
Parole/Supervised Release						
Government Assistance Program	70					
Supplemental Security Income (SSI)	72					
Food Stamps	74					
Cash Assistance	76					
Noncash Assistance	78					

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 6 Tables: Miscellaneous (continued)

Cell entries in this index refer to the tables in Section 6 numbered 6.1 to 6.83.

Characteristic	Alcohol Use					"Binge" Alcohol Use	Heavy Alcohol Use
	Past Month	Frequency of Use	Dependence	Abuse	Drove Under the Influence	Past Month Only	
All Persons Aged 12 or Older	11, 19, 71, 73, 75, 77, 79				60, 61	11, 19, 71, 73, 75, 77, 79	11, 19
All Persons Aged 18 or Older			44, 48	46, 48	62, 63		
Standard Age Groups (in Years)	(12-14), (20-22), 71, 73, 75, 77, 79	6	(44), (48)	(46), (48)	61	(12-14), (20-22), 71, 73, 75, 77, 79	(12-14), (20-22)
23 Detailed Age Categories					60		
Gender	(28), 40		44, 48	46, 48	61-62	(29), 41	(30), 42
Hispanic Origin and Race	28, 40		(44), (48)	(46), (48)	61-62	29, 41	30, 42
Adult Education & Current Employment			(44), (48)	(46), (48)	62		
Geographic Characteristics					63		
Level of Cigarette Use							
Level of Alcohol Use	11-14, 19-22					11-14, 19-22	11-14, 19-22
Age First Used Marijuana							
Age First Used Alcohol			44, 48	46, 48			
Pregnancy	28					29	30
College Enrollment	40					41	42
Probation							
Parole/Supervised Release							
Government Assistance Program	71					71	
Supplemental Security Income (SSI)	73					73	
Food Stamps	75					75	
Cash Assistance	77					77	
Noncash Assistance	79					79	

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 6 Tables: Miscellaneous (continued)

Cell entries in this index refer to the tables in Section 6 numbered 6.1 to 6.83.

Characteristic	Cigarette Use					Cigarette Brand Used Most Often	Cigar Brand Used Most Often	Smokeless Tobacco	Source of Cigarettes
	Past Month	Frequency of Use	Speciality Cigarettes	Bidis	Cloves	Past Month	Past Month	Past Month	Past Month
All Persons Aged 12 or Older	7, 15, 71, 73, 75, 77, 79, 83	5	80, 83	81, 83	81, 83				
All Persons Aged 18 or Older									
Standard Age Groups (in Years)	(8-10), (16-18),71, 73, 75, 77, 79, 83	5	80, 83	81, 83	82, 83	49-54	55-57	58	(59)
23 Detailed Age Categories									
Gender	(27), 39		80	81	82	50, 52-54	56		
Hispanic Origin and Race	27, 39		80	81	82	(51-54)	(57)		
Adult Education & Current Employment									
Geographic Characteristics									
Level of Cigarette Use	7-10, 15-18								
Level of Alcohol Use									
Age First Used Marijuana									
Age First Used Alcohol									
Pregnancy	27								
College Enrollment	39								
Probation									
Parole/Supervised Release									
Government Assistance Program	71								
Supplemental Security Income (SSI)	73								
Food Stamps	75								
Cash Assistance	77								
Noncash Assistance	79								

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 7 Tables: Sample Sizes and Population Estimates

Cell entries in the index refer to tables in Section 7 numbered 7.1 to 7.16.

Characteristic	2000 and 2001 Separately	2000 and 2001 Combined
All Persons Aged 12 or Older	1-4, 8-10, 16	5-7
All Persons Aged 18 or Older	13, 14, 15	
Youth and Adult Age Groups (12 to 17, 18 or Older)	3, 9	6
Underage and Legal Drinking Age Groups (12 to 20, 21 or Older)	4, 10	7
Standard Age Groups (in Years)	2, 8, (13), 16	5
23 Detailed Age Groups	1	
Gender	1-4, 12-13	(11)
Gender/Age	14, 15	
Hispanic Origin and Race	2-4, 12, (13)	11
Gender/Race/Hispanic Origin	2-4	
Racial/Ethnic Subgroups		5-7
Adult Education	2, 3, 13	
Current Employment	2, 3, 13	
Geographic Characteristics	8-10, (13)	
Pregnancy		11
College Enrollment	12	
Mental Health Treatment or Counseling	13	
Probation	14	
Parole/Supervised Release	15	
Participation in Selected Government Assistance Programs	16	

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 8 Tables: Mental Health

Cell entries in the index refer to tables in Section 8 numbered 8.1 to 8.56.

Characteristic	Serious Mental Illness						
		Use of Specific Illicit Drugs[1]	Any Illicit Drug Use		Use of Specific Tobacco and Alcohol[2]		Alcohol Use
	Serious Mental Illness	Past Year	Past Year	Dependence or Abuse	Past Year	Past Month	Dependence or Abuse
All Persons Aged 18 or Older	1-3	4-5	8-13	14-17	6-7	6-7	14-15, 18-19
Standard Age Groups (in Years)	(2-3)		(9, 12)	(16-17)			(18-19)
23 Detailed Age Categories	(1)		(8, 11)				
Gender	1-2		9, 12	16-17			18-19
Hispanic Origin and Race	2		9, 12				
Adult Education & Current Employment	2		9, 12				
Geographic Characteristics	3		10, 13				
Serious Mental Illness		4-5	8-13	14-17	6-7	6-7	14-15, 18-19

Characteristic	Serious Mental Illness			
			Unmet Need for Mental Health Treatment/Counseling	
	Mental Health Treatment/Counseling	Unmet Need for Mental Health Treatment/Counseling	Did Not Receive Mental Health Treatment/Counseling	Received Mental Health Treatment/Counseling
All Persons Aged 18 or Older	20-25	26-28	29-31	32-34
Standard Age Groups (in Years)	(21, 24)	(27)	(30)	(33)
23 Detailed Age Categories	(20, 23)	(26)	(29)	(32)
Gender	21, 24	27	30	33
Hispanic Origin and Race	21, 24	27	30	33
Adult Education & Current Employment	21, 24	27	30	33
Geographic Characteristics	22, 25	28	31	34
Serious Mental Illness	20-25	26-28	29-31	32-34

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

[1] Tables indexed in this column present estimates for all NHSDA drugs and drug categories. See Table 8.4 for a complete listing of the specific drugs and classes of drugs.

[2] Tables indexed in this column present estimates for all NHSDA tobacco and alcohol categories. See table 8.6 for a complete listing of all the tobacco and alcohol types.

Index of Section 8 Tables: Mental Health (continued)

Cell entries in the index refer to tables in Section 8 numbered 8.1 to 8.56.

Characteristic	Adult Mental Health						
	Mental Health Treatment/ Counseling	Any Illicit Drug Use	Marijuana Use	Nonmedical Use of Prescription-Type Psychotherapeutics	Cigarettes Use	Alcohol Use	Unmet Need for Mental Health Treatment/ Counseling
		Past Year	Past Year	Past Year	Past Year	Past Year	
All Persons Aged 18 or Older	35-36	39-42	43-44	45-46	47-48	49-50	37-38
Standard Age Groups (in Years)	(35)	(39, 41)	(43)	(45)	(47)	(49)	(37)
Gender	35	39, 41	43	45	47	49	37
Hispanic Origin and Race	35	(39, 41)	(43)	(45)	(47)	(49)	(37)
Adult Education & Current Employment	35	39, 41	43	45	47	49	37
Geographic Characteristics	(36)	(40, 42)	(44)	(46)	(48)	(50)	(38)
Family Income	36	40, 42	44	46	48	50	38
Government Assistance Programs	36	40, 42	44	46	48	50	38
Unmet Need for Treatment		41-42	43-44	45-46	47-48	49-50	
Mental Health Treatment/Counseling		39-42	43-44	45-46	47-48	49-50	37-38

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

Index of Section 8 Tables: Mental Health (continued)

Cell entries in the index refer to tables in Section 8 numbered 8.1 to 8.56.

	Adolescent Mental Health	
		Any Illicit Drug Use
Characteristic	Mental Health Treatment/Counseling	Past Year
All Persons Aged 12 or Older	51-52	53-54
7 Detailed Age Categories	(51-52, 55-56)	
Gender	51	53
Hispanic Origin and Race	51	53
Geographic Characteristics	(52)	(54)
Family Income	52	54
Government Assistance Programs	52	54
Mental Health Treatment/Counseling		53
Source of Mental Health Treatment/Counseling	55	
Reason for Mental Health Treatment/Counseling	56	

NOTE: Table numbers in parentheses indicate tables that contain estimates for some subset of the information listed in the row heading.

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